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Managing Austerity: Emotional Containment in a Residential Children's Home Under Threat

Melaugh, Brian Thomas

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Managing Austerity: Emotional Containment in a Residential Children's Home Under Threat

Brian Thomas Melaugh

A thesis submitted for the degree of Professional Doctorate in Health

University of Bath

Department of Health

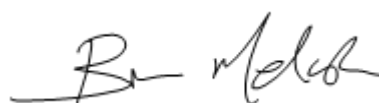
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Title of the Study

Managing Austerity: Emotional containment in a residential children's home under threat

Abstract

The aim of the study was to explore the process and practice of leading change in residential child care and assess the efficacy of 'emotional containment' in this context. Residential child care in Ireland is experiencing significant change. Change is an emotional experience for staff and leadership is named as pivotal in organisational change. However, there is gap in the literature because leadership and organisational change theory does not fully fit with the relational nature of residential child care. The study is responding to this gap in literature and employs a qualitative case study to explore the impact of organisational change on residential child care, strategies used by leaders to manage the emotional impact of change and identify what practices support emotional containment. Central to the study was a nine-month observation of a child care organisation (Liffey View). Funding reductions in response to austerity emerged as the change event having the greatest impact, strategies to manage funding cuts (team restructuring, reductions in salary) evoked emotions of loss, despair and anger towards external funding bodies. In fact, austerity challenged the very survival of Liffey View Children's home. The findings highlight how emotional containment supported the organisation to manage the impact of austerity. Containment is linked to the capacity of residential leaders to hold and work with emotion, providing structures (e.g. team meetings) that allow teams to make sense of emotion and finding ways to influence relationships with funding agencies. However, containment on its own is not sufficient to lead change, learning gained through containment needs to be linked to action and the theory of emotional containment is enhanced by integrating thinking from leadership and strategy. A framework integrating thinking from emotional containment and wider management theory is offered as a tool for leading change and for leadership development in residential child care.

Abbreviations

CAAB- Children Acts Advisory Board

CRA- Children's Rights Alliance

CEO- Chief Executive Officer

DCYA- Department of Children and Youth Affairs

DOHC- Department of Health and Children

HIQA- Health Information and Quality Authority

HSE- Health Service Executive

OHM- Office for Health Management

OMCYA- Office of the Minister for Children and Youth Affairs

SSI- Social Service Inspectorate

Glossary of terms

Austerity: refers to government policies to reduce public debt achieved through spending cuts and raising taxes.

Containment: the capacity to contain the emotion of self or others towards the aim of allowing emotion to be used for learning and development.

Health Information and Quality Authority (HIQA): an independent authority responsible for promoting safety, quality and accountability in residential services for young people. HIQA is responsible for inspecting and registering children's homes managed by the Child and Family Agency. The Department of Health and Children's 'National Standards for Children's Residential Centres, (2001a)' is the framework against which inspections are carried out.

Health Service Executive (HSE): responsible for the provision of health and social services in the Republic of Ireland. From 2005 until 2014 the body was responsible for the funding and management of social work and residential child care services. In January 2014 this remit was transferred to the Child and Family Agency.

Organisational Change: defined by Linstead et al. (2009, p. 619) as: 'Modifications in an organisation's structure, goals, technology, and work tasks, but since the 1980s can also include changes in attitudes and cultural values'.

Residential Child Care: encompasses a variety of placement types from community based residential children's centres to specialised high support units. It is defined by Irish Children Acts Advisory Board (CAAB, 2009) as: 'any place where a child or young person is accommodated, usually as part of a group, and cared for by trained child care professionals, including a multiplicity of placement types, for example hostels, high support units, and children detention schools.'

Residential Child Care Leadership: a term to cover a person responsible for the operational management of a residential children's home. In Ireland, the titles Residential Manager, Residential Care Manager or Social Care Manager are used. Residential Managers are not required to have a management qualification.

Social Care Workers: are qualified to work across the spectrum of social care settings. In Ireland the professional qualification for social care practice is a BA in Social Care Practice or Applied Social Studies.

Social Service Inspectorate (SSI): established in 1995 with responsibility for inspecting and registering children's homes managed by the not for profit and the private sector. The Department of Health and Children's 'National Standards for Children's Residential Centres, (2001a)' is the framework against which inspections are carried out. From 1995 until 2014 the HSE was responsible for the SSI. In 2014 the service was transferred to the Child and Family Agency -The National Registration and Inspection Office of the Child and Family Agency.

Tavistock approach: developed by the Tavistock Clinic and Tavistock Institute (London). The approach is based on the integration of three elements: psychoanalytical theory, group relations and open systems thinking. Its main premise is that organisational life is composed of conscious and unconscious behaviour which is reflected in organisational culture. Emotions and feelings are not the property of the person alone; they have meaning for the organisation as a whole. Drawing on systems theory, it maintains that organisations derive meaning and focus from a primary task (the task it must perform to survive). To achieve this task an organisation needs to find a balance between the social (people), technical (structure, strategy) and external elements of organisational life. It is also referred to as the '**System-Psychodynamics**' approach.

Chapter 1 Introduction

1.1 Background to the Research Study

The aim of the study is to explore the process and practice of leading change in residential child care and assess the efficacy of 'emotional containment' in this context. My interest in organisational change has its origins in my former role as a CEO of a drugs agency with the task of leading the agency through change. What I found challenging was not the task elements of leading change, for example it was not difficult to devise a plan which outlined a structural blueprint for change, the challenge was motivating staff to engage with change. To manage the role of leading change I completed a Masters in Consultation and Organisation (Psychoanalytical Approaches) with the Tavistock Clinic in London. The MA introduced the theory of emotional containment with its premise that organisational change is emotionally destabilising to organisations and requires leaders to find ways of containing emotions evoked by change. As a lecturer I teach modules on organisational management to students who are considering a career in the social professions. Currently in Ireland change and the call to do more with less is the new mantra. The economic recession has led to significant funding reductions and the state is calling for a smaller, more efficient and indeed more regulated public and voluntary sector. This macro level has an impact on the lecture space. Students returning from placement tell stories about the impact of funding cuts on employees and also on the lives of young people and communities. Students ask questions about how to practice in contexts of significant change? How can they ensure that the values, (e.g. commitment to social justice) core to the identity of the social professions are maintained during organisational change? There is also concern about the emotional impact of change on themselves and others. The decision to undertake a study into the efficacy of emotional containment is driven by a desire to respond to these questions from students and fellow colleagues.

The decision to focus on residential child care was both pragmatic and theoretical. Pragmatic, because it is a challenge to gain access to an organisation to conduct a case study. Eventually I found an organisation (Liffey View Children's Home) who agreed to participate with the study. From a theoretical perspective residential child care in Ireland is experiencing change, at both a structural and procedural level, and the impact of this change offered material for study. Liffey View is central to the study and in many ways the study is a story about my engagement with the organisation.

1.2 Liffey View Children's Home

Purpose of Liffey View

Liffey View Children's home is located on a busy road in Dublin. In terms of exterior appearance Liffey View is a two storey terraced house and shares the same external façade with other properties on the road. External appearance is important because Liffey View is defined as a community based children's home. These are small locally based children's homes that offer care for children from 12 to 18. The aim is to try and normalise as far as possible a child's experience of residential child care by linking children to local schools, local amenities and also (if appropriate) maintain links with family. Liffey View was established in the early 90s with the purpose of providing a safe secure base for young people who require residential care. The organisation is a not for profit organisation and is managed by board of directors. In fact, a number of the directors on the board were instrumental in establishing the organisation and have overseen the development of Liffey View into an organisation that now offers a spectrum of care from residential care to after care provision. Liffey View offers two integrated services: a residential home and an after care facility attached to the residential unit. The organisation has capacity to offer accommodation for eight residents, four in the residential home itself (all male between ages of 14-18) and four (mixed gender) in the after care facility targeted at young adults (18 years and over). Again the small number of residents is in keeping with Liffey View's character as a community based children's home as it facilitates staff to give residents individual attention essential for establishing a therapeutic relationship.

The notion of building meaningful relationships with the residents is central to the philosophy of Liffey View. As a residential centre Liffey View accepts that children accepted for admission normally have experienced trauma and loss. The aim is to restore trust by providing a safe secure environment where change and development can take place. A safe secure environment is achieved by adhering to a 'Principles of Practice' model which Liffey View has developed over time. The principles include: connection, focus on education, respect for self and others, and acceptance that children entering care have experienced trauma and loss. The principles reflect person centred (respect and empathy) and psychodynamic (attachment and secure base) therapeutic approaches. The overall aim of the principles of practice is to create a warm homely environment based on respect between staff and residents.

This is achieved by staff and residents sharing the living space including eating together and relaxing in the living room. Liffey View also has a dog and staff are encouraged to bring their own dogs to work. Working to ensure stability is a central concern, this means that not all children referred are considered appropriate for Liffey View, for example young people with problematic drug issues are not considered appropriate because this behaviour can impact on the overall stability of the resident group. Again stability is maintained by working to ensure that when a child is admitted to Liffey View they remain (if this is necessary) until the age of 18. Also children living in the Liffey View who reach the age of 18 are given preferential status for the after care service. Child care legislation (Government of Ireland, 1991) requires that Liffey View is inspected every three years by the Social Service Inspectorate (SSI).

Structure and Daily Life in Liffey View

Figure 1 offers a conceptual map of Liffey View summarising the purpose, staff structure, and resident system of Liffey View. The outer layer summarises the two key external bodies that influence the life of Liffey View: Health Service Executive and Board of Directors. At first glance the map seems quite full as it summarises a lot of information. In many ways the map is reflective of Liffey View itself, as a building it is bursting at the seams and is a hive of activity. On a given day this residential house is home to eight residents and five staff. The staff team follow a rota based on two staff members providing cover for 24 hours (including spending the night). While the three managers work during the day and act as back-up support during the night if this is necessary.

From the moment you knock the front door you quickly get the impression that Liffey View is an informal and friendly environment. Most likely when the door is open you will be met by 'jumper' the dog who will demand attention as you are led into the kitchen. As you sit down at the table you will be offered a cup of tea. The table is a good position to get a perspective on the busy and lively atmosphere of the house. It is likely that family members of the residents may be visiting and will also be having a cup of tea. Also residents from the after care facility will call in for tea/coffee or a chat. It is also common for ex residents to call for chat. The four residents will likely be at school but may return for lunch. However, they normally move next door to the living room asking staff to participate in a game on the home's well used Play Station.

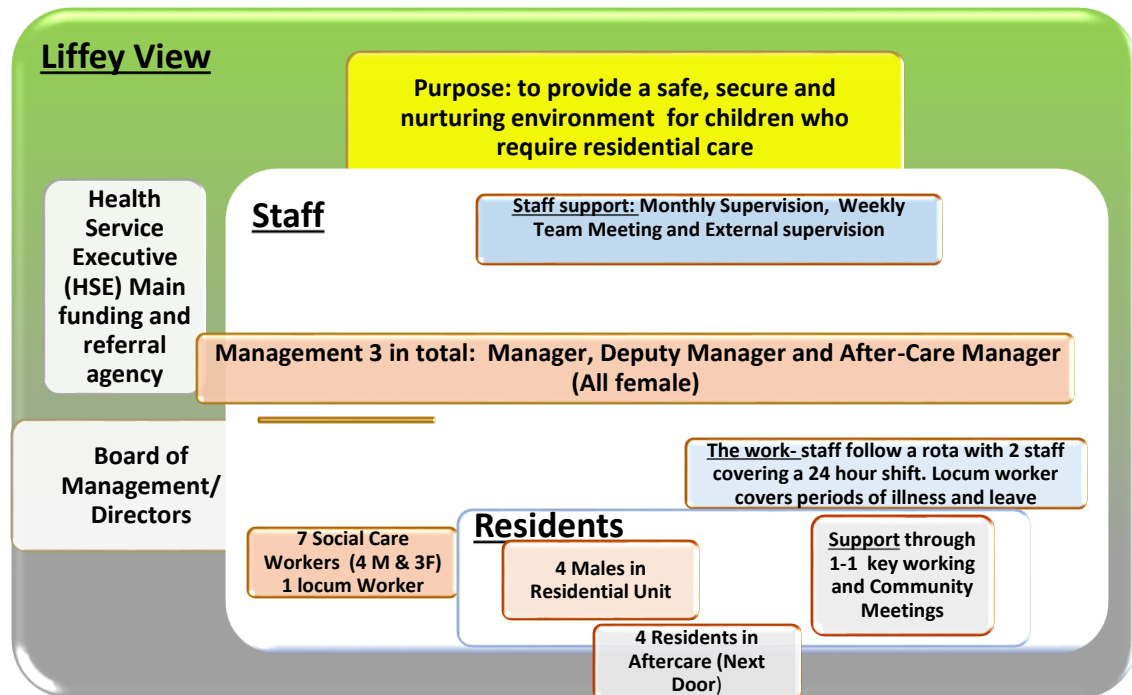


Figure 1: Map of Liffey View

The kitchen and the living room (both ground floor) are the rooms where most activity takes place. The fact that staff and residents share the same living space is a key characteristic of residential child care (Ward et al., 2003). This sharing means that informal everyday routines, for example meal times and playing the Play Station act as opportunities to support resident development. Again this informal practice is supplemented by the formal practices of key working (with each resident meeting with a worker on a regular basis to monitor the implementation of a care plan) and community meetings where residents and staff meet to discuss the overall running of the children's home.

For the purpose of the study I attended the weekly team meeting each Wednesday morning from March 2011 until July 2011. Attending the team meeting allowed for a valuable insight in the organisational culture of Liffey View. For Johnson et al. (2007) organisational culture is best understood as a web of interrelated elements that act to make up the pattern or 'paradigm' of the work environment. Focusing on each of these elements e.g. rituals, stories, power structures... allows an observer to gain an appreciation of the culture. The team meeting is an important ritual in the life of Liffey View because it is the only time in the week when the full team meet to discuss both the business and clinical elements of the house.

The team meeting starts with tea/coffee in the kitchen and as 10:00am approaches staff move to the living room and take their place on the three couches. The team meeting lasts until lunch time with the first part of the meeting dealing with general house management matters (e.g. rota, dealing with challenging behaviour, admissions) and after tea/coffee break focuses on resident clinical issues. The meeting is a good setting to observe the organisational structure and power systems of Liffey View. It is clear that this is an established team with an average length of employment in Liffey View of seven years. In fact, four members of staff have worked in Liffey View for over ten years. It is clear that there is a hierarchy with three managers working together to form a senior management team. In regards to decision making the practice is to achieve decisions by consensus. However, it was also evident that the Residential Manager was quite comfortable exercising authority to ensure that decisions were in keeping with the ethos of Liffey View. The team meeting also offered an insight into the challenging nature of the work, for example, how to manage a resident who was self-harming in a way that protected the resident and also reduced the emotional impact on the other residents. From March 2011 the decision by the HSE to reduce the yearly budget by 10% began to dominate the discussion at the weekly team meetings. For Satir et al. (1991) change is often linked to what they term a 'foreign element' entering a system which can lead to a period of destabilisation. The decision by the HSE to reduce overall funding allocation by 10% was tantamount to a 'foreign element' entering the organisation. It challenged the status quo and required Liffey View to implement structural changes to protect the stability and overall survival of the organisation (for example changing the pay and conditions of staff). Of course this was not the only change discussed at the meeting, other events included discussion on the management of new referrals and preparation for SSI inspections. However, from March 2011 it was evident that life in Liffey View was influenced by the decision of the HSE to cut the funding.

In summary as researcher I engaged in direct observation of the Liffey View team meeting from March 2011 until July 2011 and during this period I watched and listened as the team tried to make sense of the funding cuts, come to terms with cuts in pay and conditions, restructure the senior management team and in the face of reduced resources manage a challenging new referral. In many ways going forward this study tells the story of the emotional impact of these change on Liffey View and the steps taken by the leadership system of Liffey View to manage the emotional impact of change on the organisation.

1.3 Structure of the Thesis

Chapter 2 review's the literature relevant to the research study

Chapter 3 focuses on methodology presenting a rationale as to why a case study was considered appropriate.

Chapter 4 presents the findings from the study.

Chapter 5 focuses on discussion and conclusions

Chapter 2 Literature Review

The purpose of this chapter is to critically review the literature which informs the research question. The aim of the study is to explore the process and practice of leading change in residential child care and assess the efficacy of 'emotional containment' in this context. The chapter will present a rationale as to why the study is necessary and will outline the elements that are driving change in residential child care. It will also explore the leadership of change in residential child care. The chapter will review the literature on emotion in organisations. Finally, the chapter will cover the theory of emotional containment and its application to organisational change.

2.1 The Changing Nature of Residential Child Care in Ireland

Residential Child Care is defined by the Irish Children Acts Advisory Board (CAAB, 2009, p.4) as:

any place where a child or young person is accommodated, usually as part of a group, and cared for by trained child care professionals, including a multiplicity of placement types, for example hostels, high support units, and children detention schools.

As the definition highlights, residential care encompasses a variety of placement types from community based residential children's centres to specialised high support units. Despite the diversity of placement types, the decision to place a child in care and indeed the type of placement option considered is linked to the issue of risk. The Child Care Act (Government of Ireland, 1991) places statutory responsibility for the welfare and protection of children 'who are not receiving adequate protection' with the HSE. In responding to this remit the HSE can with the agreement of the parents or through the direction of the courts place a child in residential care.

Anglin (2002), conducted a research study in North America towards the goal of developing a theory that would support best practice in residential child care. The study used a grounded theory approach and devised a core category termed 'congruence in the service of children's best interests'. The study suggests that congruence is achieved, when the children's home develops a culture that mirrors a home like environment, the capacity of the staff to respond to pain and pain based behaviour of the children in an empathetic manner and the ability of staff to reduce the potential for institutionalisation by developing a sense of normality in the home. Anglin maintains that it can be a struggle for children homes to find ways of working with these three areas (termed struggle for congruence). For example, demands for

cost containment and finding ways to maintain control in response to demanding resident behaviour challenge the core task of serving children's best interests. Organisational change can also influence either in a positive or negative way this task of congruence. In the introduction I introduced some of the changes experienced by Liffey View, namely funding cuts and the demands of responding to residents with complex behavioural problems. For Hillan (2005, p. 9) Liffey View's experience of change is not unique but rather reflects the reality that at an international level residential child care is united by a theme of transition and change:

It would be fair to say that residential care is in a state of transition across the world, and in some jurisdictions it is in crisis. All countries are struggling to make sense of how to care for children and young people in care. The struggle of what types of care are most useful, cost effective and create difference are questions being asked across the world.

For Ward (2009) organisational change in residential child care is driven by both external (economic or political shifts that affect policy) and internal (improvement of practice) factors. To better understand the changing nature of residential child care in Ireland I will focus on the external and internal factors that drive change.

Impact of External Change on Residential Child Care

Reviewing the literature in Ireland and internationally with a focus on economic and social factors that are driving change in residential child care, three main themes emerge: value of residential child care, impact of regulation on residential child care and impact of recession and wider health change on residential child care.

(A) The Value and Cost of Residential Child Care

The literature suggests that the number of children entering the care system in Ireland is increasing (Gilligan, 2009; HIQA, 2009). The number of children in care is estimated to be in the region of 6,000. Despite this trend the use of residential child care as a placement option in Ireland is in decline (Gilligan, 2009; O'Sullivan, 2009) with around 400 children currently placed in residential centres (HIQA, 2009). The majority of children (89%) are accommodated in foster care. This placement pattern is not dissimilar to other countries including the United Kingdom (Clough et al., 2006) and Australia (Hillan, 2005). The preference for foster care is linked to a recognition that children benefit from arrangements that mirror family life. In this context residential care is retained as a specialised option for children with complex needs who cannot be managed in foster care settings (Anglin, 2002; Whitaker et al., 1998). This preference for foster care and or extended family placements is certainly a valuable

consideration. However, the literature also highlights that residential care is perceived in a negative light and as a place of 'last resort' for children who cannot be maintained in foster care (Hillan, 2005; Teather, 2001). In Ireland this negative perception of residential care is linked to the systematic failure of residential care to protect children from significant abuse (Gilligan, 2009). Although the reports of the 'Child Abuse Commission' (Child Abuse Commission, 2009) and report into 'Death of Children in Care' (HSE, 2010a) make for difficult reading they are not the complete story. A review of the literature highlights that residential care is effective for children with complex and high needs who require specialised intensive support (e.g. experience of trauma which has an impact on the quality of attachment) (Anglin, 2002; Clough, 2006; Skinner, 1992). Also negative stereotyping of residential child care has an impact on staff. Skinner (1992, p. 14) maintains that 'Many residential staff felt that the purpose of their work and their contribution are not sufficiently understood and valued'. While research by Cooper (2005) highlights that one of the push factors for staff leaving residential child care is the lack of recognition and status afforded to the sector. This impact on motivation is important because as Cooper maintains staff turnover has an impact on the continuity of care, for example a stable team is a necessity for effective therapeutic work with children. The cost of residential child care is also a consideration; as residential care is not a cheap option. According to Mc Hugh and Meenan (2009) the cost of residential child care in Ireland is in the region of €135 million per year for 400 children. In comparison the cost of foster care is estimated at €98 million for around 4,500 children.

In summary Gilligan (2009) accepts that while residential child care is in decline in Ireland it is unlikely to disappear. Its role in providing accommodation and support for children with high need means that it will be retained. Nevertheless, for Gilligan although residential child care will survive, demands for cost containment, the perception that it is a 'fall back' option to foster care and the challenge of working with children at the 'hard-to-serve end of the spectrum of care' is changing the nature of residential child care in Ireland.

(B) Impact of Regulation on Residential Child Care

Gilligan (2009, p. 5) maintains that a theme in Irish residential child care from the 90s onwards has been a move towards bureaucratisation: 'in which there are modest but ever increasing attempts to define, measure, standardise, and generally 'regulate' child care practices'. This includes legislative provision, for example Section 8 of the Child Care Act (Government of Ireland, 1991) which allows for the mandatory

registration and inspections of children's centres. The (Placement of Children in Residential Care) Regulations (Government of Ireland, 1995) outlines requirements 'to be complied with by the HSE in regards to children in residential care', including for example the keeping of case notes and care plans for children in care. Also in 1995 the Social Service Inspectorate was established. The Inspectorate is responsible for the inspection of children's homes towards the goal of promoting good practice and ensuring that establishments conform to the National Standards for Children's Centres (DOHC, 2001a). The standards cover a number of key areas including: children's rights, management and staffing, health. In an Irish context there is little literature on the impact of the Social Service Inspectorate. However, Gilligan (2009) is generally favourable towards the role of the inspectorate considering it a key strength in the current child care system. This perspective is based on Gilligan's (2009, p.7) assessment that the inspectorate plays a 'critical role in anchoring and promoting high standards of practice at a critical period of change and uncertainty in the residential child care field'.

A contrasting perspective is offered by Clough et al. (2006) who maintain that regulation and inspection may lead to increased bureaucratisation that can impact on the quality of child care practice. While Smith (2009) places the demands for accountability and bureaucratisation within the discourses of neo liberalism and managerialism. At its simplest managerialism is the application of management knowledge and practices from private business (the market) to the contexts of public services, also referred to as New Public Management. The aim is to reform the public sector in a manner which makes it more efficient and effective by reducing costs and introducing frameworks for measuring outputs and outcomes against pre-defined targets (Banks, 2004; Hughes and Wearing, 2007; Smith, 2009). Certainly it would be a challenge to argue against greater efficiency and effectiveness in how funding from the 'public purse' is utilised in public and welfare services. However, for many writer's managerialism presents a challenge to the ideology of the welfare state and to the status and the role of the social professions. (Banks, 2004; Clarke et al., 2000; Dent and Whitehead, 2002; Harris, 2002). For Dent and Whitehead (2002) managerialism distrusts the ability of the professional to make decisions based on professional judgement and expertise. This can be linked to concerns that professionals have failed to protect 'consumers' from risk, for example concerns about child protection and abuse in residential settings. In such situations accountability and transparency can be gained not by trusting the subjective judgement of professional but rather by adherence to objective standards and through independent inspection (Munro, 2004).

The impact of managerialism on residential child care is summed up by Smith (2009, p.8):

At a practice level care homes are under increasing pressure to identify 'what works to set targets and demonstrate measurable outcomes from their interventions. Just caring for children is no longer enough. Homes need to prove how they are caring for them and how effective they are in this. And of course they need to evidence this. Staff will be familiar with the refrain from inspectors and others, that 'if it isn't written down it hasn't happened', an injunction that can lead to workers spending more of their time writing things down than they do working with children.

In an Irish context Gilligan (2009, p.7) maintains that the Social Service Inspectorate operates from a philosophy of 'constructive cooperation with management and staff of centres'. Gilligan's assessment may be attributed to the fact that although Ireland has engaged in New Public Management reforms, for example 'The Strategic Management Initiative' these have been less radical than the reforms experienced by health and social services in the UK (Murray, 2001). In Ireland reform is generally implemented through negotiation and consensus typified in the social partnership approach to economic and social reform.

(C) Impact of the Recession and Wider Health Care Change on Residential Child Care.

Residential child care does not exist in a vacuum and is influenced by change happening in the wider health and social care environment. From an Irish perspective two main factors are influencing change in residential child care: firstly, policy change linked to the implementation of recommendations from reports into child abuse in residential care and secondly, the impact of the economic recession.

The Report of the Commission to Inquire into Child Abuse (Child Abuse Commission, 2009) and 'HSE Child in Care Death Report' (HSE, 2010a) highlighted significant failings in the residential child care system and created impetus for reform (Harvey, 2011). Key actions for residential care include a commitment to quality and accountability by improving and extending the independent inspection of residential centres. The role of leadership is prioritised through a commitment to the development of performance management systems to measure how managers of residential centres adhere to statutory and service delivery requirements. It is accepted that managers require support in the task of improving service delivery, and to support managers in their role, a project team will be established to develop and implement training programmes for first time managers of children's services (HSE, 2010b; OMCYA, 2009).

Structural reform includes the decision to integrate and systemise child care policy and service provision by establishing a Department of Children and Youth Affairs and establishing a new agency for child and welfare services, the 'Child and Family Support Agency'. The remit for residential child care services will transfer from the HSE to the agency. The establishment of the Child and Family Support Agency has generally been greeted with approval and as an opportunity to reduce fragmentation in child care provision (CRA, 2014). Nevertheless, there are concerns, the main one being the issue of finance (CRA, 2014). This is not surprising, in 2008 Ireland experienced the most severe economic recession in the history of the State (Considine and Dukelow, 2010). From the 1990s Ireland experienced unprecedented economic growth referred to as the 'Celtic tiger' years. In 2008 the situation changed, faced with a world economic downturn and the collapse of an internal property bubble, tax revenue fell from 48 billion to 33 billion accompanied with a 15% fall in economic growth. To manage the crisis Ireland guaranteed Irish bank debt which led to the Irish State becoming insolvent. As a consequence, Ireland entered into a €67.5 billion bailout programme which led to the sharing of Irish fiscal autonomy with the European Union, International Monetary Fund, and European Central Bank. Also the Irish government agreed to a programme of fiscal consolidation which in reality means the implementation of 'austerity' budgets to reduce expenditure on social and health services by 15 billion by the end of 2014 (Harvey, 2011). The funding reductions to achieve these savings are having a radical impact on the health and public services in Ireland. In a context of diminishing resources residential child care is considered expensive (Gilligan, 2009), as a consequence its budget will be reduced.

Impact of Internal Change on Residential Child Care

There is no doubt that changes in the economic and policy environment impact on the daily life of a children's home (Hicks et al., 2007). However, there are also changes that are part of the daily life of the home. Reviewing the literature on internal change in residential child care three themes emerge: maintaining a viable staff team, maintaining a stable environment to support work with young people and maintaining relationships with external stakeholders.

(A) Maintaining a Viable Staff Team

Hicks et al. (2007) conducted a mixed methods study of 45 British children's homes with a focus on how leadership is established and maintained in residential child care. A key finding of the study is that central to residential child care leadership is the task

of maintaining and developing a staff team. When faced with organisational change, the challenge for managers is to maintain the core purpose or ethos of the children's home. As Hicks (2008, p. 244) states: 'Managers were heavily involved in transmitting and determining the purposes of their homes, and in assisting their staff to realise that purpose'.

Certain change events are common for residential child care teams e.g. staff turnover, admission of a new young person into the unit. (Hicks et al., 2007; Whitaker et al., 1998). Although common, such changes still need to be managed and for Ward (2009) leaders play a key role in managing both the structural and emotional elements inherent in these changes. The task is to ensure a 'best fit' that allows the children's home to carry out the task of providing a safe secure environment for the development of children (Brown et al., 1998; Hicks et al., 2007; Whitaker et al., 1998). With regard to the staff team a 'best fit' is maintaining a stable team that reflects a mix of experience, age, gender.... It also demands a strategy for responding to high staff turnover which is a characteristic of residential child care teams (Gilligan, 2009; Hicks et al., 2007). The literature presents interesting insights into the culture of children's homes and defines the culture as collaborative, relational and emotional in nature (Hicks et al., 2007; Ward, 2009). With regard to this study, change is defined as emotional in nature and leadership is named as playing a key role in containing emotions evoked by change:

Many managers found themselves in situations where tolerance of uncertainty over long periods was required...Clearly, this meant that containment of anxiety, apprehension and resistance to change formed a large part of what they had manage both with and for staff and residents. (Hicks et al., 2007, pp. 54-55)

The role of residential leadership in managing emotion evoked by change will be discussed later in the chapter.

(B) Maintaining a Stable Environment to Support Work with Young People

Promoting the growth and development of children is achieved by working to create stable environments that allow children to safely work on issues connected to experiences of poor attachment and loss. Safe environments are maintained by ensuring that there is a 'right mix' of children in the home and that children admitted to the children's home 'fit' with the resident group. This ensures there is a dynamic in the children's group that promotes change (Hicks, 2009). It is also achieved by

working to reduce the rapid turnover of children that is a characteristic of residential child care (Hicks et al., 2007). The challenge for the internal workings of residential child care establishments is to find ways of maintaining stability when external policy environments demand that residential child care is used primarily for adolescents with complex needs, assessed as not being suitable for placement in foster care. The task of working with children with complex needs is not an impossible task. What makes this task possible is resources that allow teams to manage the challenge of responding to 'pain and pain based behaviour' of residents (Anglin, 2002). This includes good staff to resident ratios, training, and access to supervision that allow staff to manage the emotional dimensions of practice. However, in an Irish context the opposite is taking place as resources for residential child care are reduced. The challenge is how to maintain internal stability in an external policy environment which demands more work with less resources.

(C) Maintaining Relationship with External Stakeholders

A children's home does not exist in isolation but carries out its task by engaging in a network of external relationships including social workers, schools and funding agencies. A review of the literature highlights that a key element of the residential manager's role is building and maintaining relationships with external agencies (Hicks et al., 2007; Whipp et al., 2004; Willumsen, 2006). Again the literature reflects that managers need to find a balance of maintaining autonomy in making decisions to protect the viability of the home and also find ways to build collaborative working relationships with external partners (Hicks, 2009). It is possible that the tension of maintaining this balance of autonomy and collaboration is more challenging in a climate of significant external change. In an Irish context, finding ways to respond to funding reductions and policy demands governing regulation in a proactive manner is a challenge for residential managers. However, in Ireland there is no literature that explores how managers of residential child care homes negotiate the challenges of protecting the boundaries of their establishments and also find ways to maintain collaborative working relationships with funding agencies and regulatory bodies.

This section paints a picture of a residential child care sector in Ireland that is experiencing change. A number of these changes are similar to those experienced by residential child care internationally: reduction in client numbers, the use of residential child care for children with complex needs, and demands for greater accountability and effectiveness (Clough et al., 2006; Gilligan, 2009; Hillan, 2005;

Teather, 2001). There are also changes intrinsic to the nature of residential care and the task is to create stable environments to support the development of children. In Ireland a major driver of change is the reduction in health expenditure arising from the implementation of a programme of austerity aimed at managing the impact of the economic recession. A review of the literature highlights a lack of Irish studies into the impact of the recession on residential child care. This recession is an event that is redefining Ireland and there is a need to produce literature on the social impact of the recession on Irish health and social services (Considine and Dukelow 2010).

A key theme that emerges from the literature on the internal and external drivers of change in residential child care is the important role that leadership plays in managing change. This perspective is also reflected in key Irish policy documents. The National Health Strategy states: 'Building and enhancing management capacity including frontline managers will be central to the health system's ability to deliver real change'. (DOHC, 2001b, p. 123). Again these sentiments are echoed in policy documents with a focus on residential child care (HIQA, 2009, p. 62):

Managers providing good leadership, training and skill development are essential if residential centres are to develop expertise working with children in residential care. Excellence in the management and staffing of residential care settings is essential for the provision of quality care services for children.

The policy perspective on the role of leadership in organisational change is reflected in wider management literature (Bennis, 2009; Kotter, 1990). In the academic debate focused on the difference between leadership and management, leading change is named as a core element that differentiates leadership from management, as Gosling (2008, p. 15) states:

Leaders incite and direct change. This view of organisational life has become so dominant that leadership is sometimes defined precisely as 'creating change' in contrast to the work involved in maintaining the status quo, which is merely management.

As leadership is named as essential in the next section I will focus on leadership theory with a more specific discussion on leadership in residential child care.

2.2 Leadership of Change in Residential Child Care

From a literature review perspective, the literature on leadership is extensive. Despite the significant amount of literature, it is important to state that 'leadership' is a contested and debated concept in the literature. As Linstead et al. (2009, p. 475) states:

Since the early twentieth century thinking on leadership has changed almost every decade and there are contesting conclusions on the necessity for leadership, and which leadership behaviours should be regarded as negative or positive. Those who have sought to find a common definition of leadership are inevitably confronted with frustration.

In writing this study I am aware that there are a number of debates about leadership, for example the different schools of leadership: trait, contingency, transformational. However, space precludes me from exploring each debate in detail. As a compromise I will draw on literature that supports a better understanding of how leaders in residential child care manage the emotional work of leading change. While accepted the debate concerning the lack of an agreed definition, I agree with Burns (1978) assessment that to study and understand leadership it is necessary to have a definition. I will use the definition offered by Alimo-Metcalfe (2002, pp. 320-321)

Leadership is traditionally described as a goal-directed process, which occurs within a group context and involves influencing others. It is essentially open-ended in nature, and enables organisations not only to cope with change but also to be proactive in shaping the future.

Conducting a review into literature on leadership in residential child care one would have to agree with Ward's (2009) assessment about the paucity of literature in this area. Nevertheless, there are a small number of excellent studies (the majority conducted in Britain) that informed this study (Clough et al., 2006; Hicks et al., 2007; Ward, 2009). Reviewing these studies through the lens of leadership two core themes emerge: role and nature of leadership in residential child care and the need to develop a body of organisational theory that reflects the emotional nature of residential child care.

Role and Nature of Leadership in Residential Child Care

The literature highlights that leadership is an important factor in determining the overall quality of care offered by a residential centre (Clough 2006; Hicks et al., 2007). A theme common to research conducted across a number of children's residential

centres is that leadership is complex and multifaceted in nature. The role includes: developing the staff team and managing staff dynamics, devising strategies for managing children's behaviour, managing the impact of change, financial administration, managing the demands of external stakeholders (Clough et al., 2006; Hicks et al., 2007). The literature also outlines the personal and social factors which act to enable and impede leaders in carrying out their role. These include the status and authority attached to the leader's role, access to external support, ability to manage uncertainty and isolation (Hicks et al., 2007; Ward, 2009). A review of the literature also illustrates that residential leadership reflects a number of the established schools of leadership. For example, Hicks (2008) perspective that residential care leaders need to have personal strength and the capacity to be the 'person of last resort' for their team in times of difficulty, reflects the notion of emotional resilience which is part of the trait school. While Ward's (2009) view that leaders play a role in working with the team to develop a vision for the unit is reflective of the transformational school, which names the ability to articulate vision as an essential element of leadership.

It is interesting to note that both Ward (2009) and Hicks et al. (2007) deal with the 'old chestnut' that is the leadership versus management debate. For Hicks et al. (2007, p. 123) the notion that leadership and management are two distinct processes (e.g. the leader is oriented towards change while the manager is oriented towards stability) is not easily distinguishable in practice. Ward (2009, p. 6) makes a distinction between the two concepts: 'It could perhaps be said that management is often task based, whereas leadership is best thought of as relationship based'. Ward's reference to 'relationship based' as a factor which delineates management from leadership is an important theme in the literature on leadership in residential child care. The literature paints a picture of leadership that is not focused on one person (or leadership team) making decisions, rather it is collaborative and distributed in nature (Clough, 2006; Willumsen, 2006). As Hicks (2009, p. 24) writes:

The research found that effective managers achieve a working consensus, where goals are shared among the staff team and staff are equally motivated. For the majority of staff, this form of sharing and equality of contribution are seen to be part of their overall value base and commitment.

The assertion by Clough et al. (2006, p.57) that after a review of numerous theories of management and leadership, residential child care leadership is best understood in the context of a social role rather than a personal trait or intrinsic skill, locates it

within the distributed and process schools of leadership (Grint, 2000; Spillane, 2005). From this perspective leadership is not a 'fixed entity' but is constructed by the situations which the leader encounters and by the actions and influence of others. In regards to leadership authority, power and expertise are distributed throughout the organisation. The leadership expertise of others is accepted as integral to the healthy functioning of the organisation. It must be stressed that distributed leadership does not deny the key role played by residential leaders, but it does challenge the metaphor of the 'lone heroic leader'. Leadership identity is always in a process of 'becoming'; at its heart, it is adaptive and collective in nature (Wood, 2008). The literature also highlights the challenges of distributive leadership. On the part of the leader it implies a trust of others and the letting go of power and authority (Mac Beath, 2005), cited in (Bolden, 2008). It also calls for the leader to balance certain tensions, for example 'empowering staff and retaining decision making authority' (Hicks, 2008). This task of managing self, teams, and the wider organisation is complex. In managing this complexity Ward (2009) maintains it is necessary to draw on ideas from beyond the standard 'business leadership' literature which may not fully reflect the relational and emotive nature of residential child care leadership:

For this reason, when thinking about leadership we must draw on ideas from well beyond the standard 'business leadership' literature, in which the raw materials are inert or neutral and with no emotional significance for the staff. A child care team, by contrast, may have to 'soak up' or respond to some extreme emotions in the course of an ordinary day's work...This everyday reality means that the child care staff will need the support of very skilled leadership if they are to be enabled to withstand the stress and remain responsive and positive in their work. (Ward, 2009, p. 8)

However, Hicks et al. (2007) and Ward (2009) highlight a gap in the literature that informs and complements the relational and emotional elements intrinsic to the task of leadership in residential child care. Therefore, there is a need to develop management and leadership literature that is reflective of the relational culture of residential child care.

Need to Develop Organisational Theory that Reflects the Emotional Work of Leadership in Residential Child Care

Reviewing the literature, it would seem that the need to develop organisational theory reflective of the emotional nature of residential child care is pertinent for two reasons: Firstly, as emotion and the management of emotion are central to the daily practice of residential child care (Anglin, 2002; Ward, 2009), this demands that residential child care leadership has a capacity to work with emotion. This ability is defined by Hicks et al. (2007, p. 124) as a 'Fluency in the language of emotion'. As children's homes are emotional environments it is essential that leadership has a strategy for managing and containing the emotional dimensions of practice. On this point Ward (2009, p. 50) writes:

A well-functioning management system will mean that most of the anxiety and distress of the young people will be 'contained' by the staff...while most of the anxiety of those staff will be contained by the supervisors and team leaders, with the unit manager providing an overall sense of the whole thing being contained.

Secondly, the literature highlights that residential child care is experiencing both external and internal change (Clough et al., 2006), change is not devoid of emotion and managers have a key role in managing emotions of change (Hicks et al., 2007, pp.54-55).

The literature suggests that effective change leadership is a combination of technical (e.g. project management skills) and people management skills (communication and managing staff concerns) (OHM,2003). This perspective is accepted by Kiefer (2002). In a study exploring the emotional experience of a merger Kiefer maintains that change evokes emotion at different levels of an organisation (work tasks, personal situations, social relationships and relationships with the organisation). Therefore, in the management of change leaders need to pay attention to both the work and relational dimensions of change. While the literature highlights the importance of using technical and emotional capacity, a theme in the literature is that emotion in organisational change (in fact in organisational life) is devalued and not acknowledged (Carr, 2001; Domagalski, 1999; Walsh, 2011). As Hughes and Wearing (2007, p. 71) states: 'Where the literature does examine emotional issues, they are generally framed in terms of managers understanding and overcoming resistance among their employees'. The reason why emotion is a neglected concept in organisational change is because discourses that inform change management

reflect rational and planned approaches. Dominant discourses are informed by scientific management which view organisations as rational efficient machines devoid of emotion (French and Vince 1999, Morgan 1997, Morgan and Spicer 2009). This perspective is reflected in the ideology of managerialism and its application to residential child care (Smith, 2009). This neglect of the emotional dimension of organisational change is a factor that has an impact on the successful implementation of change programmes (Appelbaum, 2000; Kanter, 2012). Therefore, to support change it is necessary to ensure organisational theory and in particular change management theory reflects the relational culture of residential childcare.

In summary, the aim of this section was to discuss leadership with a specific focus on the role of leadership in residential child care. It is clear from the literature that leadership is essential to the quality and practice of residential child care. The literature outlines a key role for residential child care leadership in managing both the strategic and emotional elements of organisational change (Hicks et al., 2007; Ward 2009). Finally, the literature highlights that standard leadership and organisational change management theory does not fully fit with the emotive nature of residential child care. To meet this gap in the organisational literature there is an opportunity to explore if the concept of emotional containment can make a contribution to the leadership of change in residential child care. As emotion is central to the concept of containment in the next section I will explore emotion and the concept of emotional containment in detail.

2.3 Emotion in Organisations

David Armstrong maintains that emotions are part of organisational life because emotions are an integral part of what makes us human (Armstrong, 2004). For Fineman (2000, p. 278) a focus on organisational emotion is beneficial because of the potential for developing new perspectives on organisational processes:

Emotionalising organisations exposes many organisational and management processes to possible new interpretations and understandings, such as... decision making, organisational control, creativity, leadership...meanings, power and communication.

However, what does it mean to talk of organisational emotion? What functions or purpose does emotion play in organisational life? Gabriel and Griffiths (2002) paper 'Emotion Learning and Organising' is useful as it highlights that such questions are open to interpretation and debate. The paper presents the similarities and differences

between the emotional intelligence, social constructionist and psychoanalytical perspectives on organisational emotion.

The 'Emotional Intelligence' approach, popularised through the writings of Daniel Goleman (Goleman, 1996) maintains that there is a connection between levels of emotional intelligence (e.g. having capabilities in the areas of self-awareness, building and managing relationships, emotional resilience) and effective leadership. For Goleman emotional intelligence is more important than intellectual intelligence and technical skill. He also maintains that emotional intelligence itself, can be quantified, and indeed learned by individuals in leadership roles. With reference to leading change Goleman refers to the leader with developed emotional intelligence as a 'change catalyst', with the capacity to recognise the need for and overcome barriers to change (Goleman et al., 2002, pp. 55, 256). Fineman (2000) is critical of Goleman's claims and makes the point that emotional intelligence is simply a means to tame and control emotions. He makes the argument that emotional intelligence creates a moral order of emotion by making a distinction between feelings such as hope and empathy which are to be encouraged and developed, while others, such as anger, envy, hurt are to be controlled and repressed. The claim that emotional intelligence can be learned and is necessary for effective leadership transforms emotion into a marketable product, a commodity required to ensure leaders are not evaluated as being 'less emotionality intelligent'.

Fineman maintains that emotions are constructed as part of human social relationship. This means that emotional meaning and expression are shaped by cultural and social norms which influence how emotions are displayed in any given situation. The social constructionist approach has some interesting perspectives on emotions. It makes a distinction between 'feeling' and 'emotion'. It considers feeling to be the personal response and emotion the social response. Callahan and McCollum (2002) combine both psychological and sociological approaches to develop a framework for understanding emotion and the role of emotion in organisational change. The model offers four perspectives and these are: 'Power Approach' which drives political activity and strategy, 'Structure Approach' which explores how emotion interacts with and influences structures during change, 'Function Approach' with a focus on how to manage and utilise emotion and finally, 'Interpretation Approach' with its focus on how organisational members interpret and make sense of emotion/s during change.

The 'Interpretation Approach' shares similarities with Arlie Hochschild concept of 'emotional labour' (Hochschild, 1983), described by Mann (2005, p. 304) 'as the effort involved when employees regulate their emotional displays in an attempt to meet organisationally based expectations (scripts) specific to their roles'. Hochschild terms emotion work or emotion management that is done for a wage as 'emotional labour'. When used in a private capacity Hochschild terms this as 'emotion management'. The *Managed Heart* (Hochschild, 1983) focused on how two professions (air flight attendants and bill collectors managed the emotional demands of their occupation). While the role of flight attendants is to make the customer feel good, for bill collectors the emotional task is somewhat different, their role is to deflate the customer's status towards the goal of getting the customer to pay. Both professions display or indeed suppress feelings to achieve organisational goals.

Hochschild draws a distinction between: 'Surface acting' and 'Deep acting'. In surface acting the employee changes their emotion from the outside in the hope of evoking an appropriate response from a customer, for example the flight attendant who appears happy to a customer in the hope that customer will respond in a friendly manner. In deep acting the employee changes the feeling from 'inside out' (within) again in the hope of evoking an appropriate response from a customer, for example, the debt collector who although feels guilty about taking money from a customer suppresses this feeling to ensure the customer complies. For Hochschild the suppression of true emotion can be damaging to workers because it can lead to feelings of self-estrangement and identity confusion. However, Fineman (2000) does not fully concur with this perspective maintaining that there is a debate in the literature as to the impact of emotional suppression on workers. At one end of the continuum the disconnection between feelings and emotional display is named as psychologically damaging. While a counter perspective is that emotional work of managing emotion is a protective factor that allows workers to carry out their role in a way that reduces stress and burnout. Küpers and Weibler (2008, p. 264) summarise these different perspectives on emotional labour:

Emotional labour is a Janus- faced reality as it can have either positive and negative effects or outcomes for both actor and target. This means that emotion work is not per se positive or negative; rather, the display of emotion and sensitivity requirements are related not only to emotional exhaustion, but also to successful organisational performance.

For Gabriel and Griffiths (2002, p. 216) the social constructionist and psychoanalytical approaches share the view that emotion is a 'fundamental motivational principle in human affairs'. However, Gabriel and Griffiths also outline a number of areas of

theoretical divergence which act to distinguish the approaches and name the 'unconscious' as the core feature which differentiates psychoanalysis from social constructionist perspectives

The distinguishing feature of psychoanalysis is the assumption of an unconscious dimension to social and individual human life, one in which ideas and emotions may operate. (Gabriel and Griffith, 2002, p. 217)

From this perspective, although emotions have an external dimension their origins are internal to the person and are derived from early childhood experience. For psychoanalysis, growth and development are closely linked to the management and integration of conflictual feelings and drives which have their origins in childhood. Defence mechanisms (e.g. repression, denial....) act to limit the impact of such feelings on conscious life. However, through the process of transference, infantile feelings are experienced in the 'here and now'. For example, our emotional responses to authority may be linked to our early experiences of authority. As Gabriel and Griffith (2002, p. 217) write the task of 'emotion work' is:

Not merely external (i.e. reconciling feelings to the requirements of a social situations) but also internal, that is coping with conflicts, contradictions and ambivalence and keeping some sense of order in potentially chaotic emotional states.

Antonacopoulou and Gabriel (2001) maintain that while the social constructionist and psychoanalytical approaches have distinctive elements, there is also evidence of rapprochement between the two approaches. The reconciliation is based on an acceptance that the link between emotion and cognition is neither complementary nor oppositional, rather the relationship is complex and interactive.

Vince and Broussine (1996) and Vince (2002) refer to 'patterns of relatedness' in organisations. The notion that emotional experience is both personal, and as organisations are relational spaces, emotion is also collective and shared. As Armstrong (2005, p. 6) states:

Emotional experience is not, or is not just, the property of the individual alone: it is not located in purely individual space...The emotional experience present and presented...always contains a factor of the emotional experience of the organization as a whole.

The link between individual and organisational emotion is exemplified in the theory of 'socially structured defence mechanisms', at its core is the premise that to defend against anxieties associated with work and organisational processes, members of organisations create social defence mechanisms. Menzies-Lyth (1959) seminal study of a hospital nursing service highlights how personal defence mechanisms utilised by

nurses to defend themselves against the anxiety of working with the sick and dying become part of organisational culture, for example depersonalising individuals. Such defence mechanisms are important in helping workers cope with unconscious anxieties associated with work and indeed organisational change. However, they can also become rigid and a barrier to organisational change.

Kiefer (2002) maintains that in the established literature on organisational change, the concept of emotion is defined in negative terms. She argues that emotions are constructed as stress, fear and resistance. Rather than acknowledging the fact that organisational change has emotional implications for employees, emotion is viewed as irrational and dysfunctional. As a consequence, emotion is viewed as 'deviation' (responses which act to prevent the desired change taking place) that needs to be controlled and reduced.

The underlying assumption is that because people fear change in general and therefore oppose it, resistance is seen as an emotional barrier that prevents people from understanding the rational argument. From this perspective negative emotions again become 'dysfunctional' and therefore the experience of change is portrayed as a problem (Kiefer 2002, p. 41).

It is important to acknowledge that Kiefer is not denying that organisational change can be fearful and or stressful for employees. In fact, in a paper 'Feeling bad: antecedents and consequences of negative emotions in ongoing change' (Kiefer 2005) the author highlights that change challenges an employee's sense of personal and organisational security. As a response, employees feel uncertain and the perceived loss of control associated with uncertainty leads to stress and a decrease in well-being. Kiefer (2002; 2005) is making the argument that there is a need to develop a more holistic understanding on the role of emotion in organisational change, for example that emotion is integral to change and if acknowledged (and not problematised) can act as motivator for change. For Kiefer (2002, p. 39) a more holistic perspective can be developed by drawing on psychological theories which view emotion as an essential part of working life.

Psychological theories accept that emotional responses to organisational change include both negative (loss) and positive (acceptance) emotions (Elrod and Tippet 2002; Perlman and Takacs 1990; Satir et al., 1991). Elrod and Tippet (2002) refer to the 'death valley' of change and maintain that because change brings disturbance some reduction in the quality of organisational performance is to be expected. Perlman and Tippet (2002) draw comparisons between change and models to make sense of grief, they maintain that change evokes a number of emotional stages e.g.

denial, anger, depression emergence. Satir et al. (1991) also presents a stage model and similar to Perlman and Tippet (2002) claims that change evokes a myriad of emotion from despair to hope. The model adds two interesting ideas, namely that change is driven by a 'foreign element' entering the system and adaptation to change is facilitated by the emergence of a 'transforming idea' which supports coping and integration.

Russ Vince (Vince, 2002; Vince and Broussine, 1996) explores the link between emotion, organisational change and organisational learning. For Vince (2002) learning and change in organisations are unlikely to occur without anxiety. As an emotion anxiety can work to promote or inhibit learning. Because anxiety evokes emotions of uncertainty, risk and struggle, organisations are faced with a 'strategic choice', either they can work with the emotions to promote change or choose to ignore or resist anxiety. However, for Vince (2002, p. 83) central to working with anxiety is the necessity of emotional containment:

It is the extent to which an organization can create either processes or habits that 'contain' the complexities of emotion and relations that will make the difference to their ability to both acknowledge and utilize them in relation to learning and change.

In summary this section explored the various ways that organisational emotion is understood in the literature. The chapter also explored how psychological models of change can support a more holistic understanding of the role played by emotion in change. From the perspective of psychoanalysis organisational change is an emotional experience for organisational members. Emotional containment is named as a concept that may support an organisation to contain and use emotion evoked in change in the pursuit of learning. The next section of the study will focus on a critical examination of the theory of emotional containment and its application to organisational change.

2.4 Emotional Containment Work of Organisational Change

A key element of this study is a focus on the impact of organisational change on the emotional lives of leaders and social care workers employed in residential care in Ireland. Because of its importance it is necessary to offer a brief overview of the theory of organisational change. Specifically, the section will explore change from the perspective of 'system-psychodynamics', as this model has influenced the development of emotional containment. The chapter will critically review the concept of emotional containment by outlining how the concept is defined from the perspective of object relations theory, its application to organisational change and how the concept is critiqued in the literature.

Theory of Organisational Change

Linstead et al. (2009, p. 619) defines organisational change as: 'Modifications in an organisation's structure, goals, technology, and work tasks, but since the 1980s can also include changes in attitudes and cultural values'. While Ackerman (1997) distinguishes between three types of organisational change: Developmental (improvement of existing activities of an organisation), Transitional (concerned with replacing existing activities with new ones) and Transformational (radical change focused on changing beliefs and fundamentally changing an organisation e.g. change in mission). For Valerie and Sutherland (2001) reviewing literature on organisational change management is a challenge because of the diversity of the literature encompassed by the term 'organisational change'. As a body the literature on organisational change reflects contributions from a number of different academic disciplines (e.g. business, psychology, sociology) that offer contrasting perspectives on how change is defined, what models work and what counts as evidence to support efficacy in change programmes. In terms of a focus I will review theories of organisational change that inform the theory of emotional containment. Specifically, an exploration of thinking developed by the Tavistock Clinic and Tavistock Institute in London, an approach that is commonly referred to as the 'Tavistock Tradition'. Central to the approach is the integration of psychoanalytical theory, group relations and open systems thinking to develop a framework termed the 'System-Psychodynamics' approach (De Gooijer, 2009).

Drawing on systems theory, it assumes that organisations derive meaning and focus from a primary task (the task it must perform to survive) (Rice, 1963). To achieve this task an organisation needs to find a balance between the social (people) and

technical (structure, strategy) elements of organisational life. The systems approach also highlights that an organisation is influenced by the wider environment and for on-going viability needs to manage the boundary between its internal and external environment (Trist et al., 1963). From psychoanalysis it reflects the view that organisational life has both a conscious and unconscious dimension. From this perspective emotions and feelings are not the property of the person alone, they also have meaning for the organisation as a whole (Armstrong 2004; Prins 2006). The main features of the system-psychodynamic perspective are summarised by Prins (2006, p. 337):

Behaviour is often the result of conscious and unconscious mental process...Individual and group behaviour and the structural features of organisational life are in dynamic interaction: the organisational structures stimulate particular patterns of individual and group processes, and these processes in turn, influence how particular features of the organisation are developed.

Psychoanalysis maintains that organisational change is not devoid of emotion but is in fact a significant emotional experience for organisational members (French, 2001; Krantz, 2001; Neumann, 1999). Also the assumption that emotional containment is an essential requirement for organisations to manage the emotional challenges presented by organisational change is a key element of systems psychodynamics thinking (Krantz 2001). In fact, for French (2001, p. 480) 'This work of emotional containment is precisely the work of psychoanalysis'. The remainder of the chapter will explore the concept of emotional containment in detail.

Emotional Containment and its Application to Organisational Change

For Clark and Hogget (2009, p.112) containment:

Refers to our capacity to hold on to a feeling without getting rid of it, using the energy of the feeling in order to think about what the feeling communicates. It can refer to the capacity to contain one's own feeling as well as the feeling of others.

De Gooijer (2009, pp. 28-30) offers an excellent summary as to how emotional containment is understood in psychoanalytical literature, maintaining that the concept can be understood as 'container for holding projections', a 'holding' or 'facilitating' environment and as a 'frame of practice'. Common to all is the notion of 'transformation', the ability to work with emotion in a manner that allows it to become a source of organisational learning. Defined by De Gooijer (2009, p. 204) as the process of 'transforming felt experiences into thoughts'. What unites the three perspectives on emotional containment, is the theory of object relations which has its

origins in the works of Bion (1985), Klein and Strachey (1975) and Winnicott (1960). For Bateman and Holmes (1995, p.41) 'central to the notion of object relations is the premise that humans are primarily driven to form relationships with others'. As the infant relates to others and events in its environment, it creates an image of these experiences as 'objects' in the subconscious mind. Objects are normally the internalised images of the child's mother, father or caregiver. These early images of people and events become a template that influence subsequent relationships throughout life.

The concept of containment as a 'container' has its origins in the 'container-contained' model of Wilfred Bion (Bion, 1985). For Bion the purpose of a container (e.g. caregiver) is to hold, integrate and transform potentially threatening emotions or ideas which are experienced as overwhelming. This process is described by Bion (1985, p. 131) as the ability to 'hold an explosive force within a restraining framework'. In developing the concept Bion draws on the theories developed by Melanie Klein (Klein and Strachey, 1975). For Klein a characteristic of early infancy was a preoccupation with survival. The child associates the mother's presence with warmth and nurture and also associates the absence of the mother with anxiety and fear. In early stages of life, the child literally splits the mother into good mother (who provides the breast) and bad mother (who denies the breast). Described as the 'paranoid-schizoid' position. By containing these feelings of paranoia and splitting the mother enables the child to develop an inner life by integrating and tolerating the feelings of love and hate. This state of integration is termed the 'depressive' position. For Bion these childhood experiences are also reflected in groups and indeed in organisational life. In the work 'Experience in Groups' (Bion, 1961) he argues that groups simultaneously operate on two levels, which he termed work group and basic assumption group. The work group is reflective of the depressive state and is associated with thinking, translating thought into action and a focus on achieving the group's core work or primary task. However, if a group is exposed to experiences which threaten its survival it reverts to basic assumption functioning. Similar to paranoid-schizoid functioning, this state is characterised by the primitive unconscious defence mechanisms of splitting and projection, a concern for the emotional needs of members and a move away from the reality of working on the primary task (Stokes, 1994). For Bion (1961) basic assumption behaviour can take three forms, which he defined as basic assumption dependency, basic assumption fight-flight and basic assumption pairing. Stokes maintains that each of these assumptions gives rise to a particular complex of feeling, thoughts and behaviour. For example, basic assumption

dependency can promote a culture of subordination to leadership and an unconscious belief that the leader must meet the dependency needs of employees. Central to all is a desire to protect self and group from painful and perceived fearful emotions that challenge survival and self-esteem. French and Simson (2015) maintain that Bion's theory of basic assumption behaviour is somewhat dysfunctional. The authors offer a framework for working with groups, focused on 'attention' (what helps a group to meet its purpose) and 'distraction' (elements that move a group away from its purpose) which are present in every group. Their aim is to balance this tendency towards dysfunctional behaviour 'by giving equal weight to factors that are evident when groups work well' (French and Simpson, 2015, pp. xvi-xvii).

The concept of containment as a 'holding or facilitating environment' is linked to the thinking of Donald Winnicott (Winnicott, 1960). For Winnicott a necessary prerequisite for child's development is the experience of being physically and emotionally held by parent/s. This experience of feeling safe allows the infant to develop trust, identify thoughts and feeling and also enables the infant to make sense of and learn from painful experiences. Containment can be viewed as an internal phenomenon for holding projections. While 'holding' is an external phenomenon, a transitional object or space that creates a bridge 'between a child's internal and external worlds' (Morgan, 1997, p. 236). Kahn (2005) and Bridger (1990) make links between Winnicott's thinking and organisational theory through the concept of organisational holding environments. For Bridger holding environments are transitional learning spaces that promote the free expression of thoughts and feelings (e.g. about an uncertain external world), thereby enabling employees to cope and adapt to change.

This notion of linking object relations thinking to organisational practice is central to containment as a 'frame of practice'. In many ways this application of containment reflects the aim of this study, with its focus on exploring the value of emotional containment in the leadership of change. Reviewing the literature, it is evident that a number of studies focus on the theme of containment from the perspective of organisational consultancy (Huffington et al., 2004a; Obholzer and Roberts, 1994; Rifkind, 1994). This literature explores the role of containment in supporting staff teams/leaders to manage and make sense of emotion evoked by work tasks. A good example of such an approach is outlined in 'The Unconscious at Work' (Obholzer and Roberts, 1994). This work is conceptual in nature, offering case studies as to how consultants apply psychoanalytical concepts to health and social care organisations. Central to the book is the premise that the ability of consultants to contain the

emotional projections of staff is beneficial for staff well-being and organisational functioning. For Halton, (1994, p. 18) this ability of the consultant to contain emotions evoked by work:

Can create a space in the organisation in which staff members can stand back and think about the emotional processes in which they are involved in ways that reduce stress and conflict, and can inform change and development.

Krantz (2001) draws on psychodynamic thinking to make the argument that organisational change itself is paradoxical in nature because change actually undermines some of the key elements that are required to help change initiatives succeed. For example, the loss of familiar coping mechanisms coupled with the reality that the future is uncertain elicits anxiety and fear which drive resistance to the change. In this context emotional containment is named an essential prerequisite for the successful implementation of change programmes (James and Huffington 2004, p. 231). While for French (2001) and French et al. (2009) good enough containment is dependent on the ability of leaders to draw on a combination of 'positive' and 'negative' capabilities. Positive capabilities are the skills and knowledge competencies (gained through experience and education/training programmes) that leaders utilise to plan, implement and evaluate change programmes. If positive capability is about action and doing, negative capability is about the ability of leaders to tolerate and sit with uncertainty. For French (2001) change is associated with uncertainty and doubt. A natural tendency is for leaders to respond to uncertainty by taking steps to avoid anxiety associated with ambiguity. The challenge is for leaders to become attuned to their own and others emotion, using this knowledge in a proactive manner to support change. In summary, it is 'the capacity to live with uncertainty and yet still to act' (French, 2001, p. 490).

With regard to residential child care Briggs (2001) writes on his experience of offering consultancy to residential child care staff in a children's home facing reorganisation into smaller units. While the author maintains that his focus was on organisational change the commentary mainly discusses the therapeutic task of working with vulnerable children in care. Briggs highlights while the 'staff are full of intense feelings' the 'adolescents appear to be calm, rational and thoughtful'. The author links this state of affairs to the mechanisms of parallel process and projection (namely how the anxieties and fears of the young people are projected into the staff group) The author makes the interesting point that these projections are not identified because staff attribute their feeling to concerns about organisational change. To support staff deal

with the emotional impact of change the author recommends individual and team supervision.

A number of studies on the role of containment are related to the field of the social professions (Mc Mahona, 1997; Ruch, 2007; Steckley, 2010; Toasland, 2007). A common theme in these papers is how wider policy changes are impacting on the practice of the social professions. These changes include viewing residential care as place of 'last resort' for children with complex needs (Steckley, 2010) and a preoccupation with risk in social work and reliance on an ideology of managerialism (accountability, audit...) to control and eliminate risk (Ruch, 2007). While Toasland (2007) maintains that the 'constant restructuring of organisations and redeployment of staff' leads to fragile organisations that are less able to contain emotions originating from work tasks and emotion evoked by organisational change.

Containment is named as framework for supporting staff to manage emotion they encounter in clinical practice (Ruch, 2007; Steckley, 2010). In fact, for Ruch (2007) containment creates the necessary conditions, for example safety and trust, for social workers to engage in reflective practice. This supports individuals and teams to move from resistance, to a position where risk and uncertainty (inherent in social work practice) can be faced and understood. The author outlines an interesting model of containment, termed 'holistic containment' (Ruch, 2007, p. 674). The model has three facets: emotional containment, organisational containment and epistemological containment. Emotional containment is similar to Bion's (1985) notion of containing relationships (e.g. practitioner - manager, team meetings) that allow social workers to 'think about and cope with anxiety provoking situations.' However, Ruch maintains that Bion's original model can be further developed and enhanced by the addition of organisational containment and epistemological containment. Organisational containment focuses on how the clarity of professional and managerial policies/strategies enable the manager to 'contain the 'unthinkable' and enable...practitioners to engage thoughtfully with the organisational dimensions of their work. (Ruch, 2007, p. 675). While epistemological containment has a focus on creating collaborative forums (e.g. outside consultancy, team meetings) that allow staff to make sense of uncertain, contentious, and complex areas of practice. Although Ruch does not allude to the theory of learning organisation in her paper, epistemological containment shares a number of commonalities with this framework. For example, Senge's (1990, p. 10) notion of team learning 'the capacity of members of a team to suspend assumptions and enter into a genuine 'thinking together'.

The concept of containment can certainly offer change agents a valuable framework for understanding and containing emotions evoked by organisational change. Nevertheless, it is important to highlight that the concept is open to challenge and critique. In terms of critique a review of the literature presents two key questions: (1) Can a concept that is linked to psychoanalytical notions of child development be applied to organisational change? (2) Does a focus on emotional containment ignore issues of ideology and power relations which are integral to organisational change?

In regards to question one and the application of object relations theory to organisational change, Jaques (1995) argues that it is simply not possible to apply psychoanalytical concepts to organisational contexts. Citing the concept of transference as an example he writes:

It is dysfunctional to try and apply concepts like transference in working with social institutions. Transference as a specific and precise psychoanalytical concept refers to a patient's relation with the analyst being influenced by the patient's unconscious projections which can be identified and interpreted. Unless one assumes the existence of an organisational unconscious...organisational transference cannot occur.' I mention this example to illustrate a more general issue; namely the need to avoid technical psychoanalytical concepts as organisational metaphors disguised in scientific clothing. (Jaques, 1995, p. 346)

Elliot Jaques developed the notion that social systems act to defend workers against unconscious anxieties connected with work, i.e. 'socially constructed defence mechanism's' (Jaques 1955). As such he is considered an important contributor in the development of the 'Tavistock' tradition (Moose, 1994). Therefore, his premise that applying psychoanalytical concepts to organisational contexts is dysfunctional is a challenge. Jaques's use of the term 'organisational metaphors' is interesting. Gareth Morgan's work 'Images of Organizations' (Morgan, 1997) takes a critical look at organisations. For Morgan (1997, p. 4) ways of looking at organisations 'are based on implicit images or metaphors that lead us to see, understand, and manage organisations in distinctive yet partial ways'. For example, Morgan's work offers perspectives that explore organisations as machines, political systems, psyche prisons...At the heart of the metaphor analogy is the premise that no single theory will ever give us a perfect or all-purpose point of view of organisations. The view of Jaques that the use of psychoanalytical thinking in organisations is dysfunctional is not fully correct. In fact, drawing on psychoanalytical theory can support an

understanding of unconscious motivation that is much a part of organisational life as conscious behaviour (Kets de Vries, 2004; Kersten, 2001). This point is summarised by Kets de Vries (2004, p. 185):

A broad integrative, clinically-oriented psychodynamic perspective that draws upon psychoanalytic concepts and techniques has much to contribute to our understanding of organisations and the practice of management. A psychoanalytically informed perspective can help us understand the hidden dynamics associated with individual motivation, leadership, interpersonal relationships, collusive situations, social defenses... and the extent to which individuals and organisations can be prisoners of their past.

Again a number of writers including (Armstrong, 2005; Huffington, 2004; Huffington et al., 2004b) maintain that the concept of emotional containment is somewhat negative. For example, with regard to the role of the leader in managing change, containment concerns itself unduly with the capacity of the leader to 'help others to work through frustration or act as shield from overwhelming anxiety. It can seem that the leader has nothing to contribute to non-pathological or healthy organisational functioning' (Huffington, 2004, p. 66). What is needed is a reframing of the concept of containment in a way that encourages leaders to contain anxiety and also offer an idea or vision of the organisation that motivates staff to engage with change. This positive reframing of containment is termed as 'pro-tainment', defined as 'the making present of an organisational ideal and establishing a lively engagement with an 'object', person or thing' (Huffington et al., 2004b, p. 66). This notion of articulating a vision, that in some way speaks to both the heart and mind, has links to the work of Kotter (1995) and Bennis (2009) who name the ability of the leader to articulate a vision for change as an essential ingredient in making change happen.

In regard to the second challenge that emotional containment ignores issues of ideology and power relations which are integral to organisational change. Morgan (1997, p. 249) maintains that a limitation of psychodynamic theories of change is rooted in the tendency to 'ignore the realities of power and the force of vested interests which play a part in sustaining the status quo'. Critical management theorists maintain that while organisations contribute to material survival and job satisfaction they also impede human flourishing by institutionalising practices that privilege the demands of profit over people. These practices, for example stress, gender inequality, forced mergers, downsizing, act to make organisations intolerable places to work and evoke emotions of disappointment, fear, and mistrust (Alvesson, 2009). Using psychodynamic and psychological frameworks to contain these emotions in a change process obscures (and helps to maintain) the real structural conditions of power and

domination which drive these emotional experiences. However, Kersten (2001) offers another perspective, and maintains that by challenging dominant rational notions of management that deny the emotional reality of organisations, psychoanalytical theory helps to restore our sense of the human subject in organisations. For Kersten psychoanalytical approaches have a potential to be 'emancipatory', by challenging organisations to acknowledge the place of emotion, it helps to promote a more holistic understanding of the human subject.

The purpose of the section was to explore the literature related to organisational change, with specific focus on the relationship between emotional containment and organisational change. The section covered the theoretical origins of emotional containment as a container, holding environment and frame of practice. It also discussed the application of emotional containment to clinical practice, organisational consultancy and organisational change. The concept of emotional containment was critiqued in regards to the potential of applying a concept from child care development to organisational change and the fact that the concept ignores issues of power and ideology. A theme in the literature is the application of emotional containment to organisational life is primarily to support consultancy and the management of clinical practice. An argument can be made that because of this gap in the literature there is a need for a research study with specific focus on the role played by emotional containment in the emotional work of leading change in residential child care. The literature review itself offers a rationale as to why this study is necessary: Firstly, residential child care in Ireland is experiencing significant change. Secondly, such change is an emotional experience for organisational members and for change to be successful emotion needs to be acknowledged and contained. Thirdly, there is a gap in the organisational literature because standard leadership and organisational change management theory does not fully fit with the emotive and relational nature of residential child care. Fourthly, to meet this gap in the organisational literature there is a need to develop literature from the practice context of how residential child care leaders contain the emotions of organisational change on self, team and the wider organisation. The purpose of this study is to respond to these gaps in the literature by exploring if the concept of emotional containment can make a contribution to the leadership of change in residential child care. The research question and study aims are outlined in the next section.

2.5 Statement of the Research Question

Research Question: The aim of the study is to explore the process and practice of leading change in residential child care and assess the efficacy of 'emotional containment' in this context.

Research Aims:

- (1) To explore the emotional impact of organisational change on residential child care
- (2) To explore what strategies leaders use to manage the emotional impact of change on residential child care.
- (3) To identify what organisational practices are utilised by leaders to support emotional containment at the level of self, team and the organisation in residential child care

Chapter 3 Research Methodology

The purpose of this section is to discuss the methodology taken towards answering the research question. This will include a rationale as to why I choose a qualitative case study and the steps taken to design a single holistic case study. The different ways of collecting data and a rationale for their use will be explored. The analytical strategy, the decision to use NVivo software to code the data and the use of thematic analysis will be explored. The management of research bias and the strengths and limitations of using a case study approach will be considered. The ethical implications governing the study will be outlined and discussed. Finally, the role of reflexivity and the impact of the research on self will be explored.

3.1 Presenting the Case for a Qualitative Case Study Approach

Creswell (2006) reminds us that the process of designing a qualitative study begins not with methods but with broad assumptions central to qualitative research. Research evokes questions about the nature of social reality itself (ontology) and indeed how we can understand and come to know social reality (epistemology). Doctoral study demands that the author situate their study within an ontological and epistemological tradition. Grix (2002) maintains that locating the study within a research tradition is challenging because the terms ontology and epistemology are often shrouded in mystery, leaving the reader confused. Reading Steinar Kvale's work: 'Interviews' (Kvale, 1996) helped to distil my thinking. Kvale offers two contrasting metaphors of the researcher as a 'miner' or a 'traveller'. In the miner metaphor knowledge is viewed as buried metal waiting to be discovered by the miner. The role of the miner is to unearth the metal in a way that protects its purity by ensuring that it stays constant during the mining process (transcription) and is not contaminated (researcher objectivity) by the miner. Finally, the value of the unearthed knowledge (or metal) is ascertained by 'correlating it with an objective external, real world' (Kvale, 1996, p. 4). In terms of relating the miner metaphor to the research question I understand organisational change to be a real event. Nevertheless, I accept that residential child care leaders have different ideas about how change should be managed and in fact different perspectives on how it is experienced. This interest in hearing these different and possibly contradictory experiences is connected to Kvale's metaphor of traveller. At the heart of this metaphor is the assertion that the researcher is on a journey that leads to a tale being told upon returning home.

During the journey the researcher encounters local inhabitants who share stories about their experience. These stories can be modified by how the traveller interprets and retells them. Indeed, they may be remoulded into new narratives that can lead to new knowledge, and in fact may change the traveller. The value of the research is ascertained by the impact of the research on those who hear the story. The traveller metaphor is one that I can identify with, I consider the study as opportunity to engage with residential child care leaders and staff and listen to their different and unique stories about change, its emotional impact and what worked and did not work to contain emotion. Also ethically I agree that as a researcher I am not an objective participant and will be changed by the stories that I hear and this will be reflected in how I write the final tale. In summary this notion of gathering stories and tales about the lived world of residential leaders and staff locates the research within a qualitative domain. I agree with Kvale (1996, p. 80) that the goal of qualitative research is for the researcher to:

Return from the stages of his or her qualitative inquiry with a tale that does justice to the 'subjects' stories of their lived worlds and that conveys new and valid knowledge and insights to the listeners and to the readers of the tale.

In terms of research design, I spent a considerable period of time thinking about what particular interpretative methodology would fit the requirements of the study. Originally I considered using phenomenology as a research methodology to inform the study. Phenomenology involves a detailed study of the lived experience or 'life world' of an individual in order to understand how individuals ascribe meaning to their experience (Smith and Osborne, 2008). The plan was to interview a number of residential child care managers about their experience of managing the emotions evoked by organisational change, towards the aim of better understanding and distilling the 'essence' of the phenomenon of the study, the emotional containment work of leading change. However, writing the literature review highlighted a dilemma, leadership in residential child care is distributed and relational in nature. In many ways residential childcare leadership is constructed through engagement with the social care team. The practices and processes that act to both empower and limit a residential leader's capacity to manage change are not totally personal in nature (e.g. emotional intelligence), there are also social and political factors to consider. Eventually I concluded that while phenomenology could offer a valuable insight into the qualities and traits that residential child care leaders utilise to contain the emotions evoked by change, it was not the full story and did not reflect the relational context of

residential child care, for example where was the voice of the residential child care team. Grounded theory was also considered as an approach. The potential to develop a theory to explain the emotional containment work of leading change in residential child care was certainly attractive. Grounded theory approaches can be prescriptive and systematic in nature, for example following specific steps in data gathering and analysis (Corbin and Strauss, 2008). Again, this order and structure was inviting as a framework for managing the demands of conducting a research study. However, one element informed the decision that grounded theory did not fully fit with the requirements of the study. The demand that when approaching the study 'The investigator needs to set aside, as much as possible, theoretical ideas or notions so that theory can emerge' (Creswell, 2006, pp. 67-68). This requirement of coming to the study with no preconceived ideas was not the case as I had developed a set of study objectives which I intended to use to guide data gathering and analysis. These concerns about the study missing the wider context of residential child care and the conflict between study objectives and a grounded theory approach emerged as part of the Professional Doctorate in Health (Phase 3) transfer interview I was encouraged to explore the option of using a case study approach because a case study has a focus on a detailed investigation of phenomena within its wider context (Hartley, 2004). Case studies are also flexible and allow for the building and confirming of theory (Robson, 2002). The transfer interview was highly beneficial and highlighted that a case study approach was a good fit for the study.

Yin (2009) maintains a researcher who wants to use a case study approach should develop a case study protocol to guide the study. This was good advice as it demanded that I consider the question of why a case study was a good fit for the doctoral study? I feel a case study strategy is appropriate because there is a good fit between the research question and the aims of the study. For example, the study purpose is to describe the processes and practices utilised by residential child care leaders to contain the emotional dimensions of organisational change on self, team and the organisation. This interesting interaction between phenomenon (emotional work of leading change) and context (the changing reality of residential child care) provides an opportunity to explore and outline the various factors that support and impede the practice of emotional containment. As a case study uses multiple research methods (interviewing, observation) it presented an opportunity to collect, for example, the stories of residential child care workers about their experience of

containment and also observe at first hand the impact of the residential child leader's endeavours to contain emotion evoked by change.

Yin (2009, p. 18) defines a case study as 'an empirical inquiry that investigates a contemporary phenomenon in depth and within its real life context, especially when the boundaries between the phenomenon and context are not clearly evident'. This notion that a case study is an appropriate strategy when the boundaries between the phenomenon and context are not clear is interesting. As a researcher I wanted to find out if the theory of emotional containment could make a contribution to the leadership of organisational change in residential child care. However, in the day to day management of change the contribution of emotional containment may not be clear. As discussed in the literature review psychodynamic approaches to organisational change maintain that change is associated with psychological anxiety which requires containment (Krantz, 2001). While steps to contain anxiety include communication on change, team meetings and supervision. However, the link between such practices and the theory of emotional containment may not be fully evident. The study is an opportunity to highlight how these practices and processes reflect (or indeed do not reflect) emotional containment.

3.2 Designing a Qualitative Case Study

In designing a case study, I can identify with Baxter and Jack (2008, p. 545) who write on the challenge of deciding what actually constitutes a case: 'This may sound simple, but determining the unit of analysis (case) can be a challenge for both the novice and seasoned researcher alike'. Key challenges included defining the boundary of the case, making decisions about adopting a single or multiple case study design and importantly the challenge of negotiating access to residential child care organisations. While for Thomas (2011) designing a case study involves choices about the purpose behind the study, approaches to take when doing the study and processes to adopt to generate findings from data.

(A) Type of Case Study

Writers including Yin (2009) and (Stake 1995) use different terms to explain different types of case studies. For Yin case studies can be descriptive, explanatory or exploratory in nature. While Stake defines case studies as intrinsic, instrumental or collective. For Thomas (2011) making a decision on the type of case to use is helped by considering the question: Why are you doing a case study? Answering this

question allowed me to define the case study as instrumental and exploratory in nature. Central to an intrinsic case study is that the 'subject is being studied not with a secondary purpose in mind but out of interest pure and simple' (Thomas 2011, p. 98). Although I am interested in, for example, how residential child care leaders contain emotion in change, this is not the full story. I also want to find out if the theory of emotional containment can add something to the literature on the leadership of change in residential child care environments. This 'secondary purpose' of adding to theory defines the study as an 'instrumental case study' (Thomas: 2011, p. 98). Again for Thomas the rationale for doing an exploratory case study is when you are faced with an issue or problem that perplexes you, in simple terms you want to find out more. As a researcher I am interested in finding out if the concept of emotional containment can offer anything of value to the fields of residential child care confronted by significant change. From my own experience of leadership, I have a perspective that the theory does have something valuable to offer. An exploratory case study offers an opportunity to research this interest in the context of a residential child care organisation.

For Thomas when you have clarified the purpose of the study the next question to address is study approach. For example, is the object of the case study to build theory, test theory or indeed both. As I stated earlier I am interested in finding out if the theory of emotional containment can offer anything of value to leaders and teams experiencing organisational change in residential child care. Although emotional containment is founded on certain core ideas, for example change is often associated with anxiety and for change to be effective anxiety needs to be contained (Krantz, 2001), I am not coming to the study with a fixed set of premises that I want to test in a manner that confirms or denies their veracity. I am interested in finding out if a theory that has its origins in psychodynamic perspectives on child development can be applied to organisational environments. As stated earlier I have a view that it can. However, I am open to the fact that the theory of emotional containment may not be relevant or indeed will have to be adapted to fit the requirements of residential child care. I feel this openness to engage with the study in a belief that new ideas may emerge or that the theory of emotional containment may need to be adapted to fit the requirements of residential child care is synonymous with building theory. As Thomas (2011, pp. 134-135) writes:

If, on the one hand, you start with a firm idea or a set of premises, you could be said to be testing a theory. If, on the other hand, you prefer to see what ideas emerge as you immerse yourself in the situation you are studying, you could be said to be building a theory.

(B) Process of Conducting the Case Study

For Thomas (2011) the process of conducting a case study demands that the researcher makes decisions around what constitutes the case (unit of analysis), to adopt either a single or multiple case study approach and decisions on methods of data collection. At this point doctoral and peer supervision were beneficial because it confirmed my assertion that adopting a case study strategy to investigate the research question had merit. In the end the research design centred on a single holistic case study with an embedded unit of analysis. In the remainder of the section I will narrate how I arrived at this point and also begin to provide information on the 'case' itself.

One of my teaching maxims to students is that strategic plans are wonderful on paper but can only be evaluated when they are implemented in an organisation. Taking my own advice, I needed to move from conceptualisation to action. This demanded getting access to a sample to conduct the study. I was interested in conducting a multiple case study i.e. gathering data in two residential child care homes. This decision was based on the assumption that conducting research in two sites would be valuable for exploring patterns and comparing similarities and differences into how residential child care leaders contain the emotional dimensions of change. Also I was conscious of the advice offered by Hartley (2004, p. 331) that multiple case study approaches 'clearly increase confidence in the findings by enabling cross checking and comparison'. However, to allow cross checking and comparison to happen it was important to identify two organisations that were similar enough to support comparative analysis. Before taking up a lecturer role in university I had a practice as an organisational consultant and part of the brief included offering consultancy to residential child care organisations. Therefore, I had a good conceptual map of the residential child care system. This experience allowed me to identify two organisations that could support case study research demands (e.g. multiple sources of data) and comparative analysis.

For Hartley (2004) a significant challenge for any researcher who wants to conduct case study research in organisations is simply getting access to the organisation. This was true of my own research. There are important ethical issues about conducting research in residential child care settings and I will focus on these in detail in the ethics section. For now, ethical considerations included the fact that residential child organisations are at their core homes for children. As such children have a right to

privacy and this includes their living space. From the onset I was interested in using direct observation as one of the methods for collecting data. This would demand significant access to the organisation and I took the decision that the best means of gaining access to support direct observation was to adopt a purposive sample approach. Robson (2002) maintains that purposive sampling is based on the researcher's judgement that a sample will satisfy the specific needs of a project. I identified two residential child care managers and arranged a meeting to ascertain if it was possible to conduct research in their organisations. For the purpose of the report I will refer to these establishments under the pseudonyms of 'Liffey View Children's Home' and 'Orchard Road Children's Home.' My rationale for choosing both these organisations was based on the fact that conducting research in two units was manageable for a researcher who also had to negotiate the demands of full time employment. Also both homes can be defined as 'community based children's homes' and as such are based in a local community and cater for a small number of residents (both units had four residential places for young males). The units also shared a number of characteristics: staff complement was the same and they received funding from the same local funding authority. However, there were also notable differences, for example in Liffey View Children's Home the residential child care leader is a female while in Orchard Road the leader is a male. Also in Liffey View interventions with young people and staff support follow a psychoanalytical approach (for example, two of the senior managers in the unit have each completed an MA in Therapeutic Child Care) while Orchard Road follows a general social care approach.

The meeting with managers of both organisations was very positive. I explained the purpose of the study and what taking part in the study would mean for their organisations, both managers agreed to go back and discuss my request with their teams. A follow up telephone call with the managers confirmed that both organisations wanted to take part in the study. To manage the impact of the study on the young people we agreed that I should limit participant observation to the weekly team meeting and ensure that the observation element was completed before the summer school break. Finally, we agreed a time when the study would commence (March 2011). I attended my first weekly team meet at the Liffey View Children's Home on 9th March 2011. However, access to Orchard Road Children's Home never materialised. I was contacted by the residential manager to advise that because of changes at a team level my on-going presence in the organisation would be challenging for the team. The organisation could participate at levels of interviews but the observation was not possible.

This piece from the research journal highlights my general impressions:

Just been advised that Orchard Road cannot participate in the study. I really feel despondent; it is a bit like going back to the drawing board. I need to remember that I have gained access to Liffey View and this is a real positive. Also I need to remember that I am clear about the following elements of a case study strategy:

- Context: The context is Organisational Change in Residential Child Care
- Case: The role of Residential Child Care leadership in containing emotion evoked by organisational change.

The key question is what to do next in terms of research design as a comparative study no longer looks like a viable option. I still would like to have a comparative element as it would allow me to compare how other agencies/managers contain emotions evoked by different forms of change and make comparisons etc. with Liffey View (Research Journal March, 2011).

I discussed the challenge of gaining access to Orchard Road Children's Home with a work colleague who recently completed a PhD using a case study approach. This conversation was immensely helpful, as the work colleague advised I explore the option of using key informants, as method for gaining additional information about the context of the case and also for making comparisons. The key informant approach was originally developed by ethnographic researchers to help with an appreciation of culture. Key informants are chosen because they have specialist knowledge about the areas being researched and can offer perspectives on events, people, organisational process... (Bryman, 2008; Kumar and Anderson, 1993). Again through my work as an organisational consultant I had access to residential managers and people with knowledge about the factors driving change in residential child care. I was confident that I could approach this group and enquire about their willingness to engage with the research and use this material to inform the case.

The inability to get access to Orchard Road Children's Home and the ethical and organisational demands that acted as constraints in gaining access to another children's home was driving the decision to focus on a single holistic case study design (i.e. Liffey View Children's Home). Yin (2009) maintains that within a single case study it is possible to focus on identified areas in greater detail using embedded units of analysis. Such units take their integrity from the wider case providing an opportunity for 'extensive analysis enhancing the insights into the single case' (Yin 2009, pp. 52-53). In the study the embedded unit of analysis was a focus on how the leadership team of Liffey View endeavoured to contain the emotional impact of change on the organisation. In summary the link between the case (Liffey View) and embedded unit of analysis (leadership team) was considered the best fit for a single holistic case study.

3.3 Information on Study Participants

This section will provide information on participants who engaged with the study. The names of the children's home (Liffey View Children's Home) and all participants are anonymised to protect confidentiality. In selecting the participants, I took the decision to use a 'purposive' sampling approach because it allows a researcher to select a sample that will satisfy the specific needs of a project (Robson, 2002). Table 1 provides information on Liffey View participants. In terms of selection as Liffey View was the case all staff (10 in total) were offered an opportunity to participate in the study. In the end seven staff members participated (3 managers and 4 social care workers). The number reflects the fact that some staff did not want to participate in the interview element of the study and because of shift patterns it was not possible to interview some staff. Table 2 provide information on Key informant participants and outlines why they were selected for the study.

Table 1: Liffey View Participant Information

Participant	Gender	Role	Information
Participant 1	F	Residential Manager	Participant 1 is the Residential Manager of Liffey View, a position which she has held for 11 years. She is responsible for the day to day management of the service. This includes the management of 7 full time staff and one locum worker. Liffey View provides a residential service for four males (ages 12 to 18) and an aftercare services for four residents up to age of 22.
Participant 2	F	Deputy Manager (Residential Service)	Participant 2 is the Deputy Manager of the Residential Service. She is 10 years in Liffey View and 8 years as the Deputy Manager. She views her role as highly administrative e.g. managing the house budget, rota and preparing the home for the annual inspection by the Social Service Inspectorate. Supervision of staff is shared between the Residential Manager and Deputy Manager of After Care.

Participant	Gender	Role	Information
Participant 3	F	Deputy Manager (After Care Service)	Participant 3 is one of the longest members of staff in Liffey View. She is 13 years in Liffey View and 10 years as the Deputy Manager of the Aftercare Service. She has played a role in moving Liffey View from a crisis service to a community based children's home. Her key duties include the day to day management of the aftercare service and supervision of staff.
Participant 4	M	Social Care Worker	Participant 4 worked in industry before moving into residential child care. Liffey View was his first position and he has worked in the organisation for 10 years. He is one of the longest serving members of staff in the home.
Participant 5	M	Social Care Worker	Participant 5 has worked in Liffey View for 4 years. Before moving into residential child care he worked in the area of security. He moved to Liffey View because he liked the ethos of the home.
Participant 6	M	Social Care Worker	Participant 6 has worked in residential child care for 4 years. He is 1 year in Liffey View. His last position was in a highly structured children's home and he wanted to work in a home with a therapeutic ethos.
Participant 7	F	Social Care Worker	Participant 7 recently completed a BA in Social Care. She has been employed in Liffey View for less than 1 year and is the newest member of staff.

Table 2: Key Informant Participant Information

Participant	Gender	Role	Information
Participant 8	M	Residential Manager	Participant 8 is the Residential Manager of a community based children's home in Dublin. He is 20 years in this role and is responsible for the management of thirteen staff. The children's home caters for five children between the ages of 6 to 12 (male and female). Participant 8 was chosen because of the similarities between Liffey View and his children home. Both homes share the same locality and both are defined as community based homes. A difference is that Participant 8's home is managed directly by the HSE. The aim was to compare and contrast the impact of change on Liffey View and on this children's home.
Participant 9	M	Residential Director (RD)	Participant 9 is RD of a not for profit organisation that provides residential placements to young people (males) in need. The organisation has three children's homes. Participant 9 has over 30 years' experience in residential child care and is CEO for the last 9 years. He is responsible for the three children's homes and because of managerial absence is providing day to day management in one of the homes. He is a founder member and plays a key role in an organisation to support residential child care managers. Participant 9 was chosen for the study because of his significant experience in residential care practice and management.

Participant	Gender	Role	Information
Participant 10	M	Chief Executive Officer	Participant 10 is the CEO of a large not for profit organisation that provides early intervention services to children and families in the Dublin region. The organisation originally offered residential child care services, and offered this service for over 250 years. However, because of policy changes the organisation made the decision to close its children's homes. Participant 10 was chosen because of this experience of closing residential child care services.
Participant 11	M	Residential Manager	Participant 11 is the Residential Manager of a private (for profit) children's home located outside Dublin. Although he has significant experience in residential child care, this is Participant 11's first venture into management and he is 7 months in the role. The home caters for 5 young adults between ages of 17-18 who are moving out of care. Participant 11 was chosen for the study to gain an insight into the impact of change on private children's homes.
Participant 12	F	Owner and Chief Executive Officer	Participant 12 established a private (for profit) organisation to offer residential services for children in need. The organisation was established 9 years ago and the participant has been owner and CEO for this period. Currently, there are three homes (all located outside Dublin) offering placements for children (male and female) between ages of 12-19. Participant 12 was invited to take part in the study because of her role in establishing and developing an organisation.

Participant	Gender	Role	Information
Participant 13	M	Locum Social Care Worker	Participant 13 has worked as a locum social care worker for 4 years. He has worked in a number of private, not for profit, and HSE children's homes. He was invited to take part in the study because of his experience of working as a locum social care worker.
Participant 14	F	Locum Social Care Worker	Participant 14 has over 10 years' experience as social care worker and has worked in private, not for profit and statutory children's homes. She currently works as locum social care worker. I asked her to take part in the study because of her experience of working under different managers, her experience of working in different teams and her knowledge of how residential child care has changed.
Participant 15	M	Organisational Consultant	Participant 15 is an Organisational Consultant (20 years in practice) who specialises in offering consultancy services to residential children's homes. This includes individual and team supervision, role consultation and training for residential managers. Participant 15 is employed by Liffey View for team supervision. He was invited to take part in the study because of wide experience and engagement with Liffey View

3.4 Data Collection

In this section I will focus on the types of data collected during the study and the research methods employed to gather the data. A key characteristic of a case study approach is the use of multiple sources of data to support data credibility (Yin, 2009). Baxter and Jack (2008, p. 554) writing on data collection refer to the analogy of a 'puzzle':

Each data source is one piece of the 'puzzle', with each piece contributing to the researchers understanding of the whole phenomenon. This convergence adds strength to the findings as the various strands of data are braided together to promote a greater understanding of the case.

Devising a strategy to gather data I found the puzzle metaphor helpful. when considering data sources, I was conscious that I was gathering evidence to answer the question on the role of leadership in containing emotions evoked by organisational change. Therefore, different sources, although gathered independently, needed to be worked with holistically and analysed as elements in a single puzzle with the aim of painting a picture of how residential child care leaders contain emotion evoked by change. I was also conscious that efforts to design a comparative case study had not materialised and I wanted to gather rich data from the Liffey View Children's Home to support triangulation. Finally, as the study was informed by an interpretivist approach I wanted to ensure that methods for gathering data had the ability to 'understand phenomena through accessing the meaning that participants assign to them' (Darke et al., 1998, p. 276). For Yin (2009) there are six sources of data that can be gathered as evidence in a case study: Documents, Archival records, Interviews, Direct observation, Participant observation and Artefacts. In making a final decision about what sources of data I would gather I met with the Residential Manager of Liffey View Children's Home to consider what types of data I could access. This meeting highlighted that direct observation of the team meeting was certainly possible. However, focus groups because of their potential to publicly discuss material that could challenge the authority of the leadership system were considered inappropriate. Through conversations with colleagues and with my supervisor it was agreed that a semi-structured interview approach would be the best method for gathering data from key informants. This assertion was based on the assumption that semi structured interviews would support a focus on key organisational change events and find out how key informants made sense of and managed such change events.

The final data sources included:

- (A) Direct Observation
- (B) Semi Structured Interviews
- (C) Documents

Data gathering commenced on 9th March 2011 with the first observation of the Liffey View team meeting, and ended on 14th January 2012 with the final recording in Participant 1 diary. During this ten-month period, I completed 13 direct observations, conducted 15 semi structured interviews, successfully gained consent from the three managers of Liffey View to keep a diary and also gained the consent of the three managers of Liffey View to draw a picture depicting their experience of the change. Yin (2009) maintains that it essential to create a case study data base which allows the researcher to manage the challenge of organising multiple forms of data. Also a database can support reliability, as the evidence to support case study conclusions is organised in systematic manner. As NVivo software has the capability to organise data sources into different folders I made the decision to use the application to create the data base. Hartley (2004) advises that it is important to have a strategy as to how you collect data, two elements informed the collection of data: firstly, getting an overview of the organisation through observation and reading documents on organisational structure. Secondly, using information gathered (e.g. on change events) to inform the interviews with participants. Figure 2 is a diagram from the case study protocol and summaries the rationale behind each data method.

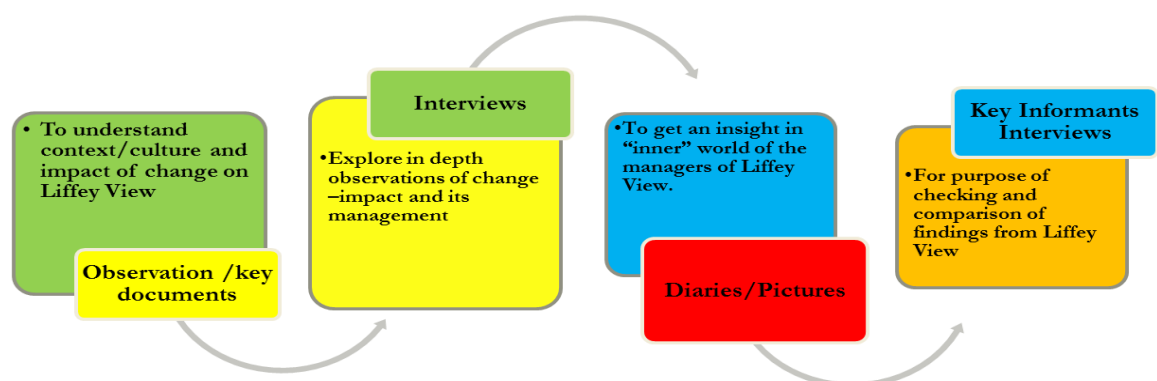


Figure 2: Summary of Data Collection Methods

Data Gathering Methods Used in the Study

This section will focus on each of the data sources used in the study. This will include a rationale as to why the data source was chosen, how the method was designed and used in the study and an evaluation of the merits of using the data method in the case study.

(A) Direct Observation

The literature on case studies outlines two types of observation: direct and participant observation (Yin, 2009). The difference is that in the case of direct observation the researcher aims to observe particular forms or patterns of behaviour either in a formal or informal manner. Apart from the role of direct observer the researcher may have no other role in the case study situation. While in the case of participant observation the researcher 'may assume a variety of roles within a case study organisation and may actually participate in the events being studied, the researcher is not a passive observer but for example may be employed in a case study site. The method of observation used in this study was that of direct observation. I was interested in attending the weekly team meeting of Liffey View Children's Home to observe how the leadership system and team experienced and managed organisational change. Also calling to the building to meet participants for interview would afford an opportunity to observe the informal culture of Liffey View. Before commencing the observation phase of the study I devised a template to support the task of observation, Figure 3 is a diagram of the template.

The direct observation phase of the study lasted from March 2011 until Dec 2011. In terms of breakdown I observed eight team meetings (2 hours per team meeting) one team consultancy, three board meetings and one meeting with the HSE to agree funding arrangements. The majority of the observations took place between March 2011 and July 2011. The final two observations were of board meetings and took place in November and December 2011. July was agreed as the endpoint for the observation of the team meetings because of the school break and to respect the privacy of the residents I wanted to exit the children's home before the school holidays.

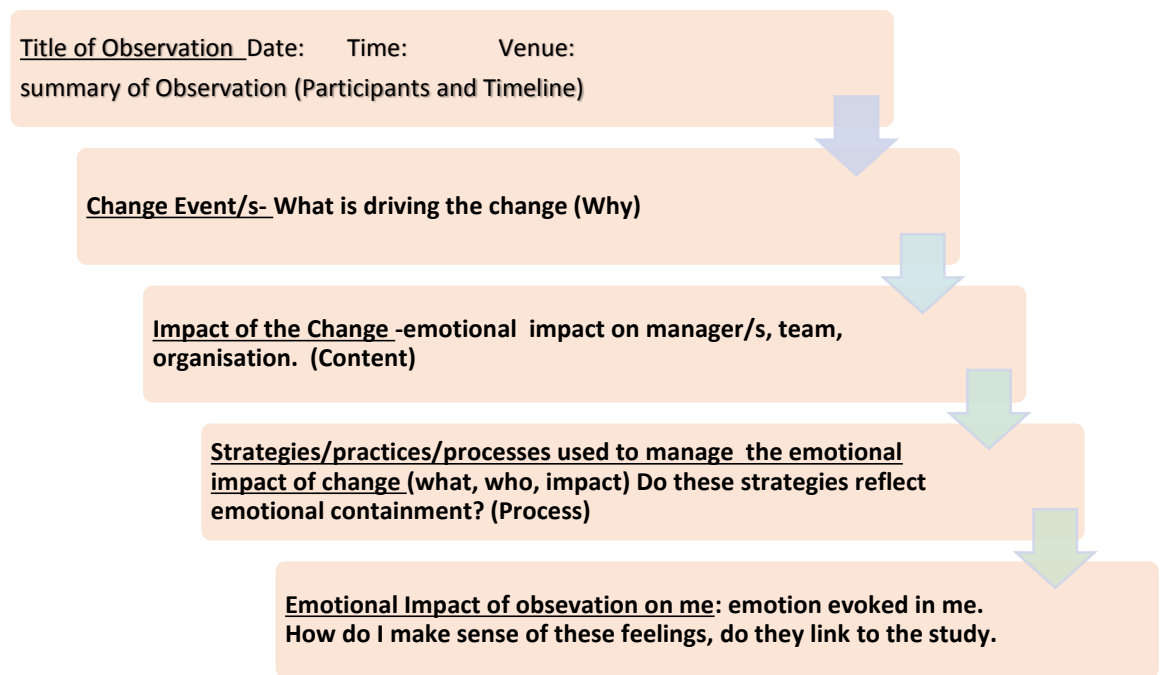


Figure 3: Reporting Template for Direct Observation

For Yin (2009) direct observation is valuable because it can allow a researcher to reach a better understanding of either the context or the phenomenon being studied. Certainly in Liffey View it was possible to observe how a change event occurred, its emotional and structural impact over time and the steps taken by the manager and team to manage the emotional impact of the change. In terms of recording the observations I would record the meeting as soon as possible after the observation. This was to ensure that the material and the emotions evoked were still current. Figure 4 summarises the main changes observed during the direct observation phase of the study.

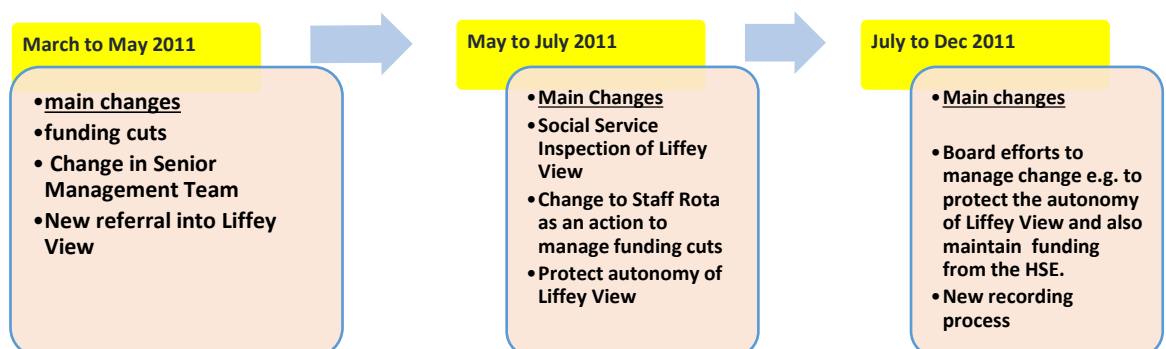


Figure 4: Summary of Main Changes Observed during Direct Observation

During the study I was conscious of my own reactions and emotions evoked by the observation. As Hinshelwood and Skogstad (2000, p. 16) state: 'Each observation rests on the observer's subjective experience in the observed organisation as much as on their objective description of what they observe'. For example, ongoing connection with the team meant that I started to like the team and also began to strongly identify with their predicament of trying to survive change. A challenge of this emotional experience was over identification with the team. I will discuss how I managed this challenge in the section on reflexivity in the research process.

(B) Semi Structured Interviews

Interviews range in format from structured too unstructured in nature. For the purpose of the study I decided to use a semi structured interview format. The rationale for selecting this method of interviewing was that it would allow a focus on key areas of the study, for example I constructed questions which reflected the objectives of the study: change events, emotional impacts and leadership strategies for managing and containing change. Also semi structured interviews are flexible enough to allow a researcher to follow up on potential areas of interest that emerge during the course of the interview. As Robson (2002, p. 278) states:

Interviewers have their shopping list of topics and want to get responses to them, but they have considerable freedom in the sequencing of questions, in their exact wording and in the amount of time and attention given to different topics.

I conducted 15 interviews with participants from the Liffey View and key informants, the interview template was tailored to meet the requirements of interviewing managers, social care workers and key informants. For example, managers were asked about how they managed the emotional impact of change on self, team and organisation. While social care workers were asked to reflect on their experience of being managed during change. Key informants were asked about observed change events and processes to manage their impact e.g. funding reductions. The aim was to explore comparison and difference between change in Liffey View and the experience of key informants. A semi structured interview template is included in Appendix 3. Each interview lasted around 1.5 hours and each interview was recorded. Following the interview, I wrote a reflection summarising the interview, outlining general impressions and noted areas for follow up, particularly with key informants.

(C) Documentation

Documentation can take many forms and for Yin (2009) and Thomas (2011) the question is to consider appropriateness of documents for a study. Table 3 is a summary of the main forms of documentation collected in the study with a rationale as to why the documents were collected. As a researcher I was interested in exploring the emotional impact of leading change on the managers of Liffey View, important because emotion and leadership are central themes in the study. Sturdy (2003) writes on the paradox of capturing emotion which is considered private elusive and even unknowable in research. Because of the elusive nature of emotion, the final product of research can miss or indeed does not capture the emotional reality which managers engage with in the process of making decisions. On this point Hannibus (2000, p. 220) writes:

Most of the revealed information appearing in company documentation ...is in an important sense a 'finished product', with little of the personal angst of creation about it, little of the reflective self-awareness of the manager, little of the struggle with the meaning.

Table 3: Types of Documents Collected in the Study

Documentation Form	Why Appropriate
<p>Liffey View Organisation Material</p> <ul style="list-style-type: none"> • <u>Budget options document</u>-collected as part of the observation of the team meeting. The document was used to focus discussion on how to manage the impact of funding reductions • <u>Liffey View Principles of Practice Document</u> – the document outlines the principles that guide professional practice in Liffey View. • <u>Liffey View Board of Directors Minutes</u>- Minutes from three board meeting attended as part of Direct Observation 	<ul style="list-style-type: none"> • The document offers a valuable insight into leadership strategies for managing change. • The document is important for providing background information on Liffey View Children's home. • Good for offering an insight into the impact of organisational change on Liffey View.

Documentation Form	Why Appropriate
<p>Social Service Inspectorate Reports</p> <ul style="list-style-type: none"> Two reports covering the Social Service Inspection of Liffey View (2008 and 2011). 	<ul style="list-style-type: none"> Reports important for providing information on background context, role of leadership in Liffey View and with the 2011 inspection report evidence of the impact of organisational change on Liffey View.
<p>Liffey View Manager Documents</p> <ul style="list-style-type: none"> Managerial Diaries- three diaries kept by the managers of Liffey View recording their experiences of managing the emotional work of leading change Pictures of Change- as part of the interview process the three managers of Liffey View were asked to draw a picture describing their experience of change 	<ul style="list-style-type: none"> The purpose of the diaries was to gain an insight into the decisions taken by the senior management team to manage the emotional impact of change on self, team and the organisation. The purpose of the pictures was to gain an insight into the emotional impact of change on the managers. Also to capture the decisions taken to manage the emotional impact of change on self, team and the organisation.

Fineman (2000) maintains that it is possible to capture emotion in research but it may demand more imaginative approaches including the use of observations, photos, stories, drama. As part of the interview process with the managers of the Liffey View I asked the managers to draw a picture that captured their experience of change. The decision to use pictures was influenced by Morgan's (1993) ideas on 'Imaginization'. Morgan writes on the potential of images to offer insights into organisational life allowing us to pick up significant messages from a situation that could be missed through more formal talkative methods. I use images in my work as an organisational consultant and find it a creative method to elicit feedback and planning interventions in role consultation with managers. When drawing managers often free associate and are less concerned about presenting a worked out scenario. This can allow for 'new thinking, new insights, and new initiatives to emerge' (Morgan, 1993, p.215). Drawing the picture required the manager to address two questions: (1) How I feel about the change - could you do a picture of what it feels like to be experiencing this change? and (2) My experience of how the change is being managed - draw a picture of how you or others in organisation are managing the change? The three managers agreed to draw a picture and the pictures are included in the study.

In summary the emotions described included loss, the need to hold hope and the challenge of finding ways to relate to the HSE in a context of change. The drawings confirm Vince and Broussine (1996) view that images have the potential to capture conscious and unconscious emotions about organisational change.

Again this interest in researching the emotional impact of managing change on the management team of Liffey View and the steps taken by the managers to manage change events was the rationale for using diaries. For Alaszewski (2006) a key strength of using diaries in research is their ability to both identify patterns of behaviour and the decision making processes that participants ascribe to actions and events. Another strength is that diaries are flexible and allow research participants to report events and experiences at their own pace and also record the impact of change as it unfolds over time (Bolger et al, 2003). When negotiating access to Liffey View I asked the Residential Manager for her consent to keep a diary recording her experience of managing change. I also asked permission to approach the two Deputy Managers and ask for their consent. Eventually I was successful in gaining the consent of the three managers to keep a diary. In terms of an approach I purchased a good quality note book for each manager and met with them individually to discuss what I required. As I was interested in how managers managed the emotions evoked by change I devised a template that asked the manager to focus on an event of change and the emotions associated with the event (cf. Appendix:4). Diary collection began in March 2011 and ended in January 2012. During this period the three managers recorded twenty different diary records. Cameron and Green (2004) refer to the notion of “outer” and “inner” leadership. Outer leadership is defined as the observable actions of the leader, while inner leadership is defined as what is happening inside the leader. The diaries acted as an excellent medium for bringing these concepts together, for example, during the observation phase I observed how the managers of Liffey View managed the impact of funding reductions and implemented a decision to change the structure of the senior management team. Reading the diaries offered an interesting insight into the emotional impact of managing these changes on the management team at both a personal and professional level. While the re-structuring of the senior management was presented in a rational and logical manner during the team meeting, the diaries highlight how the decision to re organise elicited emotions of loss and anxiety for each of the three managers. In retrospect the recording template designed to record managerial reflections may have been a little ambiguous as each manager adapted it and recorded in their own particular style. Receiving the diaries after the observation and

interview stages meant that the material in the diaries could not be explored further. Also the ongoing scrutiny of the diary element may have impacted on the spontaneous and flexible nature of recording. Nevertheless, the diary strategy allowed for the production of rich and honest material from the three managers of Liffey View.

3.5 Analytical Strategy

Yin (2009, p. 127) maintains that the analysis of case study data remains 'one of the least developed and most difficult aspects of doing case study research'. Some of the challenges that case study research presents include dealing with a large amount and variety of data, for example in this study data collected included interviews, diaries, drawings, research journal, observations and documents. Also for Baxter and Jack (2008, p. 554) each data source should be viewed as part of a 'puzzle' that when analysed together 'promote a greater understanding of the case'. In regards to this study this demanded that each data source needed to be analysed in a manner that coherently presented evidence as to how residential child care managers contain emotion evoked by organisational change. For Yin questions on how best to analyse the data should be included in the case study protocol. Again this was good advice, when writing the protocol, I made the decision to use NVivo to assist with data collection and analysis. Later when the data gathering phase commenced I made the decision to analyse the data by using thematic analysis. These two decisions formed the basis of the analytical strategy for the study. In this section I intend to explore each element of the strategy in detail outlining a rationale as to why the decision to use each element was adopted.

Using NVivo to Analyse the Data

The decision to use NVivo was based on the fact that the programme is named as an excellent resource for organising and managing data (Welsh 2002). The programme is really based around two core tabs: sources and nodes. The source tab allows you to set up directories (called bins) to hold research material e.g. interviews, field notes, pictures, audio files. While the 'node' is a container for holding material that has been coded. Gradually all data sources were transcribed (interviews, dairies, observation records, project journal) or imported (drawings) into NVivo. Figure 5 is a screen shot of the project workspace.

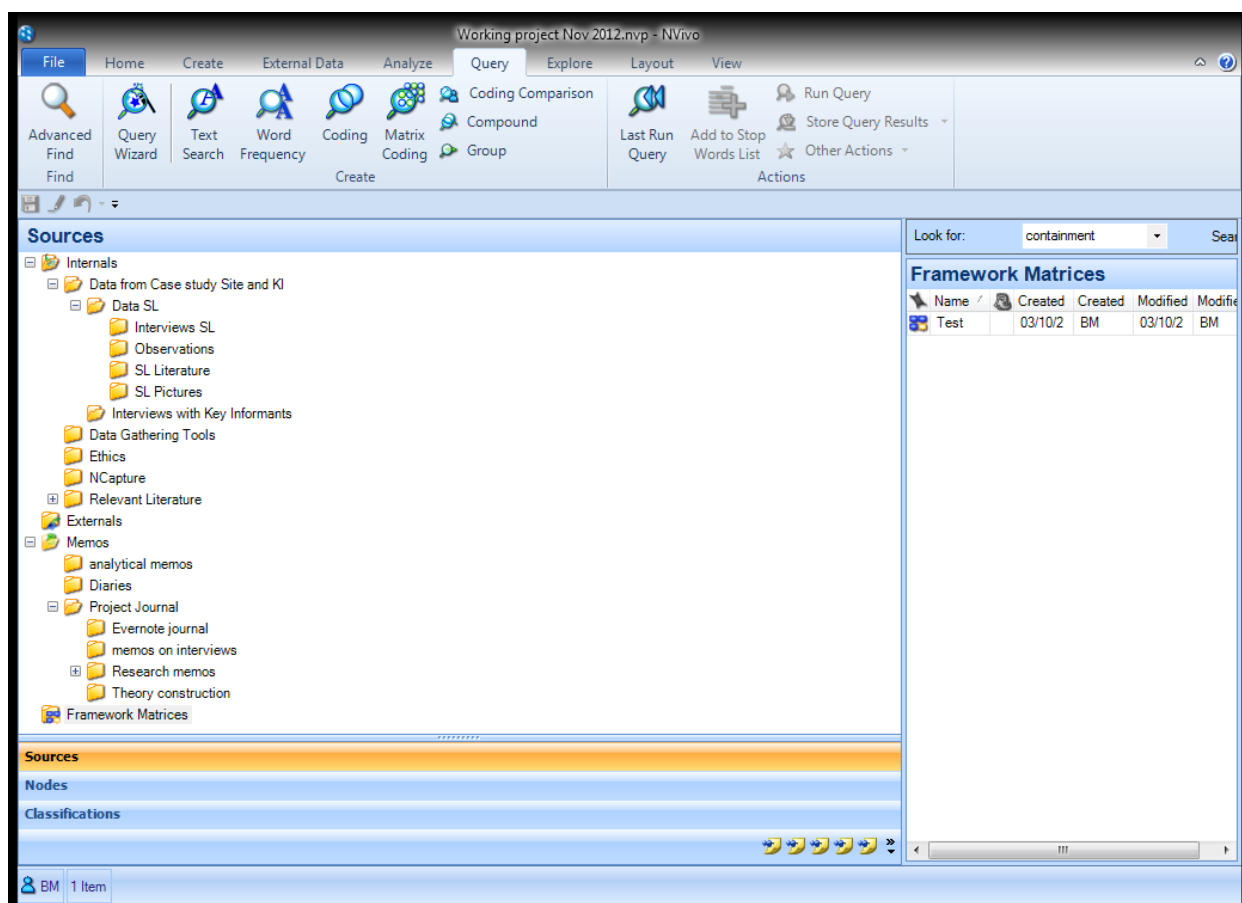


Figure 5: NVivo Work Project

I certainly found NVivo a help in managing the issue of 'data overload'. Also, for example the capacity to work with the audio file and interview transcript together on screen coding and making annotations was very helpful. However, I agree with Yin (2009) and Welsh's (2002) assessment that the purpose of NVivo is not to do data analysis but rather it is a tool that supports the process of analysis. Therefore, it is essential to have a strategy for analysing and making sense of the raw data that is imported into NVivo. In fact, Kvale (1996) maintains that researchers should make decisions about how they are going to analyse qualitative data before data gathering commences. In the early stages of the study I made the decision to use thematic analysis. The rationale for using thematic analysis will be discussed in the next section.

The Decision to use Thematic Analysis

Yin (2009) maintains that a preferred strategy for managing analysis is to return to the aims that guide the study. To recount the aims that guided the study included an exploration of the emotional impact of change on residential child care, strategies used by leaders to manage the emotional impact of change and organisational

practices that reflect containment in action. These questions guided the development of the research instruments used to gather research data, therefore there was a logic to using the questions to guide analysis. It should be highlighted that the process of data gathering and analysis was not a separate process but was integrated in nature. For example, at the beginning of the study, the field notes of direct observation were entered into NVivo and then analysed to see how the material related to the study questions. The search for pattern and theme reflects thematic analysis which allows the researcher:

To determine precisely the relationship between concepts and compare them with the replicated data. By using thematic analysis there is the possibility to link the various concepts and opinions ...and compare these with the data that has been gathered in different situations at different times during the project. (Alhojailan, 2012, p. 40)

The term 'thematic analysis' covers a variety of different approaches and methods. The challenge was finding an approach that could fit with the demands of the study, for example offer a systematic framework to support the analyses of multiple forms of data. Reviewing the literature, the method of 'framework analysis' (Ritchie and Lewis, 2003) seemed a good fit for analysis. The rationale for this decision was based on the fact that framework analysis is suitable for analysing multiple forms of data and offers a five step process to guide analysis. The method is also flexible in that it allows the researcher to use a thematic frame work to guide analysis but is open enough to allow themes and issues to emerge from the data. Finally, there is a good fit between the method and NVivo (Srivastava and Thomson, 2009). Figure 6 summarises how the frame work method was adapted for the study. Analysis was also supported by applying the techniques outlined by Corbin and Strauss (2008, p. 100). These include asking a number of questions when transcribing and coding the data: What is going on here? What are the problems or situations as defined by participants? How are people responding to these situations through inter/action and emotional response? How are these responses changing over time? The authors also advise the researcher to engage in the process of 'constant comparisons' when analysing data. A strength of making comparisons is that it helps to move analysis from description to abstraction and forces the researcher to examine their own assumptions and the perspectives of participants. For example, during the research process I was struck by how participants defined the main funding authority, the HSE. Because of its role in cutting funding the HSE was defined as untrustworthy, a threat to the ongoing viability of residential child care and a body that was failing in its remit to protect vulnerable children. I was curious if there was more to the story and really wanted to

understand the HSE perspective. An opportunity for this to happen arose when I attended a meeting between Liffey View and the HSE. I was struck by the similarity between the experience of HSE staff and the staff of Liffey View. The HSE staff also expressed concern as to how funding reductions meant the end of their child care team and a loss of their authority to allocate funding. The desire to compare the experience of the HSE with Liffey View Children's home was to try and bring balance to the thesis. If both the HSE and Liffey View shared concerns about survival and autonomy, was their more to the story of change in residential child care than the dominant perception of HSE as uncaring and punitive.

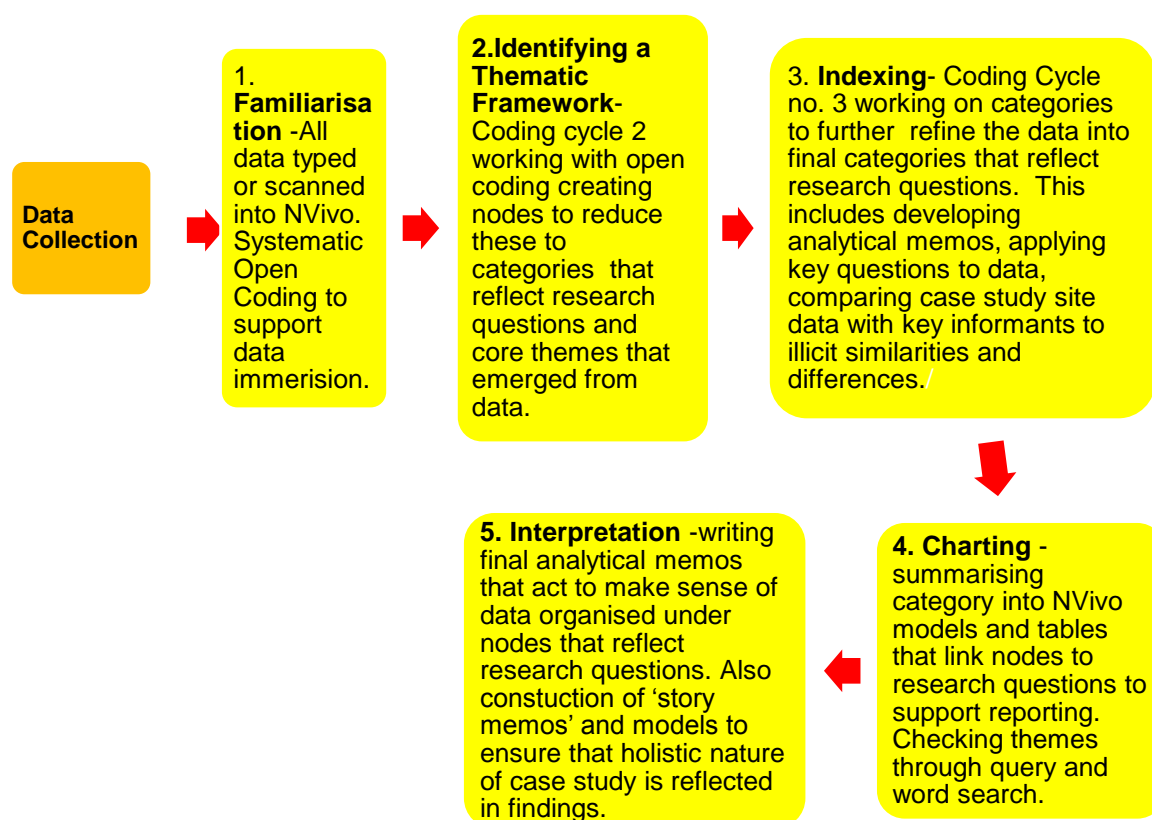


Figure 6: Application of Frame Work Analysis to Research Study.

The real strength of using an adapted form of framework analysis was that it helped manage the challenge of working with multiple forms of data. By working through the stages of the framework it was possible to code material from multiple sources into nodes that reflected key categories. Also it was possible to move from description to interpretation, for example that survival was a key theme facing both the case study site participants and the key informants. Corbin and Strauss (2008, p. 47) refer the notion of 'feeling right' i.e. the belief that the findings reflect the experience of participants as seen through the eyes of the researcher. Although happy with the

decision to use thematic analysis I was left with a feeling that the process of coding did not fully reflect the complete story of the emotional impact of change on Liffey View. To retain key elements of the story e.g. funding reductions and concerns for survival I constructed vignettes to capture the impact of change events on Liffey View. This decision reflects Thomas (2011, p. 184) assertion that constructing a story helps to maintain both the coherence and connected reality of a case study:

In the same way that a story has coherence, integrity and progression, so must a case study...In a case study you must make sense of the whole by retaining the fibres that bind a whole story together. Those fibres concern time, place, meaning, intention and much more, all interrelating. The interrelationship makes sense in much the way that a story does.

3.6 Strengths and Limitations of Using a Case Study Methodology

This section will focus on the strengths and limitations of using a case study approach, for example a strength is the capacity to research an area in detail while a limitation is the inability to apply the findings of the study to other situations (generalisation). The section will also explore issues particular to my own study e.g. trying to remain objective and give voice to all stakeholders in the study. Thomas (2011) maintains that the main strength of a case study is its ability to provide a rich picture of the phenomenon under study. This is achieved by gathering multiple forms of evidence for example exploring change events, the emotion the events evoke, and the strategies used by residential leaders to manage emotion and highlighting if these strategies reflect emotional containment. A case study strategy is often adopted when the 'boundaries between the phenomenon and context are not clear' (Yin 2009, p. 18). I came to the study with a fascination with organisational change and belief that the theory of emotional containment had something to offer. However, I was not certain if a theory on infant development could be applied to organisational life. The case study because of its ability to deal with ambiguity seemed an appropriate strategy.

Case study research is not without its criticisms and it is critiqued because of issues concerning generalisability, researcher subjectivity and lack of rigor (Patton and Appelbaum 2003, Yin 2009). With regards to the issue of the generalisation of case study findings to other settings, the use of a single case study site in my own study means that it is a challenge to generalise. Nevertheless, the literature itself critiques the very notion of refuting case study evidence because of difficulties with generalisation. For Yin (2009, p. 15) and Thomas (2011, pp. 213-215) case study evidence cannot be measured or compared to the benchmark demanded by natural

sciences, namely 'statistical generalisation'. The purpose of a case study is to produce a rich picture of the research phenomenon to support, for example, analytical generalisation. On this point Thomas (2011, p. 23) writes:

Although we cannot generalise from a case study, generalisation is not always what is wanted from an inquiry process. We don't always want or need to generalise...What the case study is especially good for is getting a rich picture and gaining analytical insights from it.

Guba and Lincoln (1994) discussing qualitative research in general also maintain that qualitative studies should be evaluated according to different criteria from those used in quantitative research. Turning attention to the issue of generalisation the authors outline the concept of 'Transferability', the notion that the researcher provides a rich description of the research context and it is up to others to decide if the findings can be transferred to other settings.

A motivation for conducting the research was to develop a body of knowledge that could be used to support change management and leadership development in residential child care. Therefore, I wanted to apply the findings beyond the case study site. To support transferability, I used key informants as a way of comparing the experience of staff in Liffey View with those of external managers, consultants, and child care workers. This added another dimension to the study and allowed me to explore change and the role of leadership in containing emotion with external participants, for example the belief shared by Liffey View staff and key informants that austerity challenged the very survival of residential child care. In the discussion chapter I argue that the theory of emotional containment does offer a valuable framework for the management of change in the field of residential child care. The use of key informants helped in the development of this position.

A real strength of the case study was the opportunity to conduct direct observation by attending the weekly team meeting. The drawback of direct observation was bias, a tendency to identify with and see the world from the view point of the Liffey View team. This loss of objectivity is referred to by Corbin and Strauss (2008, p.81) as 'going native'. To remain objective, I tried to ensure that the research looked at other perspectives, for example to include the viewpoint of the Health Service Executive (HSE) on their experience of austerity. With regard to rigor and validity this was supported by the gathering of multiple forms of data (triangulation), also the use of NVivo software demanded a strategy for working with the data in a systematic manner. Yin (2009, p. 185-190) outlines characteristics that define an exemplary case study. These include: the case must be significant, must be complete, consider

alternative perspectives, display sufficient evidence, and be completed in an engaging manner. Throughout the different stages of completing the research study I used these characteristics as benchmarks to manage bias and support research rigor. Table 4 is an example of a record from the research diary highlighting how the case study was assessed against the various characteristics.

Table 4: Diary Piece Benchmarking the Case Study (Wed 1st June, 2011)

Characteristic	Benchmark	Assessment
1. Case must be significant	Yes- the focus is on the impact of change on residential child care (e.g. austerity) and this is important for the social professions.	How to ensure that both macro and micro change and their emotional impact are included.
2. Must be complete	Yes- based on two elements I feel I have gathered multiple forms of evidence to support triangulation. The collection of evidence was systematic and robust. Also I had enough exposure to the case study site to make an assessment on completeness.	Start with direct observation and then move to interviews. Stay immersed in the case study until the end of June 2011
3. Alternative perspectives	The management of bias is an issue. Direct observation runs the risk of seeing the world from the perspective of Liffey View team. Need to ensure that other perspectives are included to ensure case study is holistic	Three ways <ol style="list-style-type: none"> 1. Include the material from the observation of the HSE team gained when I attended the Service Level agreement meeting 2. Include Participant 6 view that team dynamics can cause organisational closure

Characteristic	Benchmark	Assessment
Alternative perspectives (cont.)		3. As survival is a key theme- consider the perspective of Key Informant, Participant 10 who managed the closure of 200-year tradition of residential child care.
4. Display sufficient evidence	Similar to number 2	
5. Engaging	I cannot write on everything. Write a report that reflects the key objectives that guided the research.	Write and re write. Get feedback on drafts. Try to write in a clear engaging manner.

3.7 Ethical Considerations

Kvale (1996, p. 109) maintains that research is a moral enterprise which places a duty on the researcher to ensure that human dignity is protected during the research process. This duty demands that a researcher considers the ethical implications of research e.g. informed consent and beneficence before and during the research. Guillemin and Gillam (2004) discuss two types of research ethics: procedural and situational. Procedural ethics is the type of thinking demanded by ethics committees. While situational ethics focuses on issues and dilemmas that may emerge in the practice of research itself. These issues may be unpredictable in nature and may involve conflict between one or more ethical principles. Before commencing the research study, it was necessary to apply for ethical approval to the School Research Ethics Approval Panel at the University of Bath (SREAP). This experience of procedural ethics was extremely helpful in considering ethical decisions relevant to the planning of the research study, for example how to manage the issues of informed consent and privacy. Informed consent was important because I was using the residential manager as a gate-keeper to gain access to Liffey View. Simons (2009) maintains that when using a gate-keeper it is essential to get direct consent from everyone involved in the study. The direct observation element of the study was a

challenge with regards to informed consent. The residential manager was agreeable to me observing the weekly team meeting. However, we both agreed that it was necessary for the team to agree to the observation. As part of getting consent I requested to meet the team to outline the purpose of the study and what the direct observation element would involve. I was conscious of not pressuring the team for an immediate decision and requested they consider my request and respond with a decision within one week. With regards to the ethical principal of privacy, the core purpose of a children's home is to provide a home like environment for children. To respect this purpose, I wanted to limit my impact as a researcher as far as possible on the daily life of the home. This was achieved by agreeing to conduct the study (observation and interviews with staff) during times when children were not normally present in the home (e.g. during school hours).

In regards to situational ethics what did emerge during the study was the issue of power dynamics focused on how to use professional knowledge. In terms of professional career, I also have a small organisational consultancy practice which provides research, training and supervision to health and social care organisations. I anticipated that the personal desire to move (or be moved by participants) into a consultancy role was very real. What surprised me was that it came down to a very specific issue in which I was asked for my professional opinion about the efficacy of a potential organisational merger. When asked for my opinion I was aware that an important element of a merger (Transfer of Undertakings Process or TUPE) which protects staff was not discussed. This information is essential to support an organisation to make a decision. When I was asked about the merger I replied in a polite way but revealed nothing. This request for information was a real dilemma for me as I wanted to retain a boundary as researcher between myself and the organisation. Writing in my research journal I surmised that the ethical dilemma was that research should do no harm. Providing the information could be considered as a risky interference into the organisations decision making process which could influence the overall decision about the merger. While not making the organisation aware of the importance of the TUPE process was also harmful because this information is essential to any merger process. What helped was the notion of relational ethics (Ellis, 2007; Simons, 2009) based on the notion that researchers have an ethical obligation of care towards research participants. In making decisions from a relational ethics perspective Simons (2009, p. 98) asks 'Which course of action is more justified in the context of the whole case?' In answering this question, I made

the decision that advising the residential manager about the necessity of the TUPE process was justifiable because the knowledge had the potential to safeguard staff.

3.8 Reflexivity in the Research Process

In many ways reflexivity is central to qualitative data analysis centred on a researcher making sense of data through a process of interpretation. Clarke and Hoggett (2009) refer to the notion of the 'reflexive researcher', who attempts to understand the emotional impact of the research on self and on participants. As I was studying emotion I was interested in capturing the impact of emotion on me as a researcher, for example feelings evoked by the observation could be viewed as data which could inform the direction of interviews. Also affective emotions e.g. attraction and likeability were important because they allowed me to build relationships that supported honest sharing by participants. However, I needed to ensure that I did not allow my feelings of connection towards the team of Liffey View to cloud my judgement as to how I would report the findings. To support critical reflection, I kept an extensive research diary that recorded everything from the genesis of the research question, reflections on interviews and observation, the impact of my presence on Liffey View, reflections on doctoral supervision, dreams which I remembered when analysing the data and reflection on how the themes (e.g. the emotional task of surviving in austerity) fitted with the aims of the study (cf. Appendix:6). In conclusion, I agree with Patton and Appelbaum (2003) assessment that if the researcher is aware of their viewpoints this can act as opportunity for the development of new possibilities and explanations which can inform the research. The research diary acted as a tool to support reflexivity and also generated data that shaped the study itself.

The chapter presented a rationale as to why a case study approach was considered appropriate for the study. Information on participant's and strategies for gathering data was also discussed. It also presented a rationale for using NVivo and thematic analysis to analyse data. Finally, the issue of ethics and the role of reflexivity in the study were outlined and discussed. The next chapter will discuss what emerged from the analysis and will outline and discuss study findings.

Chapter 4 Findings

The purpose of this chapter is to present the main findings of the study. In terms of structure the findings will be explored across three sections. The section 'Change it's an Emotional Game' discusses the main events driving change and their emotional impact on the daily life of Liffey View. The subsequent section: 'At the Edge of Change - Strategies for Leading Change in Liffey View Children's Home' will focus on the strategies used by residential managers to manage emotion evoked by organisational change. The final chapter: 'Things Fall Apart - But the Centre Will Hold', will explore organisational practices used by the leadership system and the wider organisation to contain organisational emotion. Figure 7 provides a summary of main elements covered in each chapter.

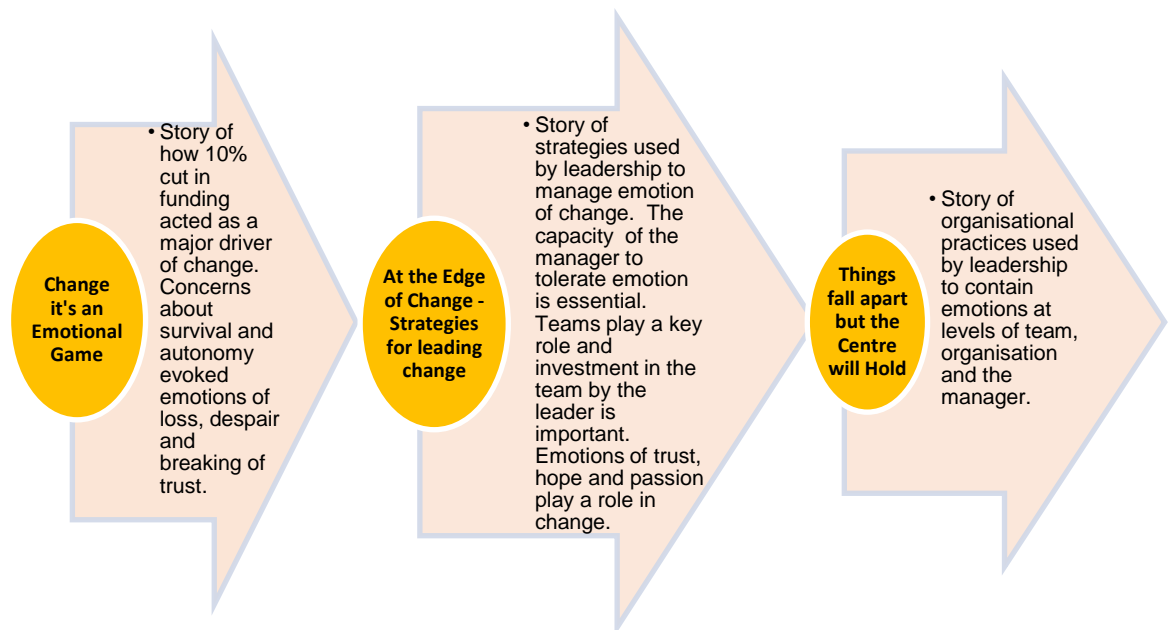


Figure 7: Summary of Findings

4.1 Change it's an Emotional Game

The title for this section is taken from a direct observation of a Liffey View team meeting. During a discussion about change one of the male members of the team made a link between football, referring to it as 'an emotional game', and the team's experience of change. The notion of an 'emotional game' is a good metaphor to summarise Liffey View's experience of organisational change. This section will explore two themes: the main change events that propelled change in Liffey View and the emotional impact of these change events on the daily life of Liffey View.

(A) The Spectre of Austerity - Will We Survive?

The wider context of the Irish economic recession and in particular the programme of austerity adopted by the Irish government to address the deficit in public expenditure cannot be divorced from this study. Figure 8 summarises the main change events experienced by Liffey View during the period of the study. It became apparent from the first observation of the Liffey View team meeting (March 2011) that the most significant change facing the organisation was the reduction in its funding allocation from the HSE. This event propelled the organisation into a place of soul searching and re-organisation challenging the autonomy and indeed survival of Liffey View itself.

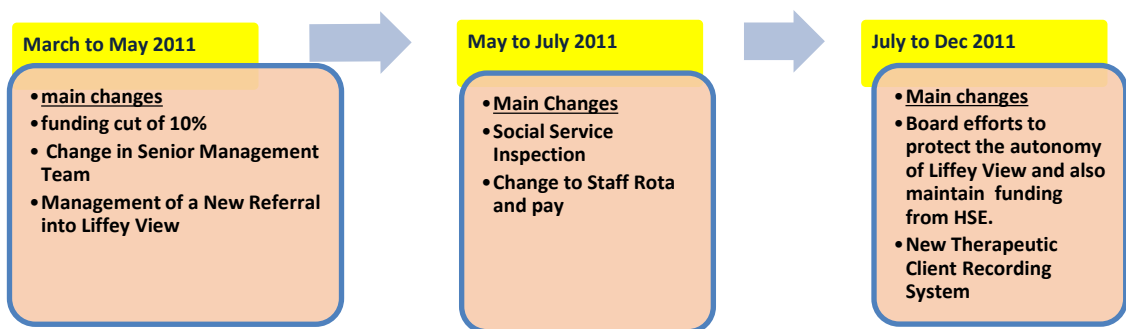


Figure 8: Summary of Change Events in Liffey View

The reference to 'spectre' in the name of the section: 'The Spectre of Austerity - Will We Survive?' highlights how the decision of the health authority to cut overall funding allocation was an event that triggered many of the change events (e.g. restructuring of the Senior Management Team) summarised in Figure 8. This piece from the diary of Deputy Manager of Liffey View, Participant 2, captures the emotional and organisational impact of funding reductions on Liffey View:

One of the most pressing elements of change at present is the constant pressure from external sources on the finance/budget of the house and as a result how this is translating into difficulty for the running of the project, attempting to minimise the impact on boys, again another added pressure on staff as wages have to be cut again and this is resulting in feelings of unsettled frustration and uncertainty. (Data Source: Diary)

Interestingly Liffey View's perspective on the impact of funding reductions is also named as a concern by the HSE Social Service Inspectorate. In 2011 the inspectorate conducted an inspection of Liffey View and in the final report they name funding reductions as a concern and recommend to HSE management to take their findings into account when making decisions about Liffey View funding allocation.

There is a service level agreement in place between the HSE...the yearly budget has been decreased significantly and the Inspectors are concerned that this strikes at one of the most vulnerable groups in society. The centre has consistently provided a stable and secure service to young people.... The Registration and Inspection service recommend that all these factors be taken into account by the HSE management involved when financial decisions are being made. (HSE Social Service Inspectorate Report: Liffey View 2011)

The extract from the Social Service Inspectorate report is not without merit because it is an independent assessment that funding cuts are detrimental to residential child care practice. Also the report is notable because it is evidence of one arm of the HSE (inspection) challenging the other (HSE management) about the impact of funding decisions on the quality of child care services. The findings highlight that Liffey View management were concerned that the cuts in funding (viewed as the beginning of a process of funding cuts) challenged the capacity of the centre to survive. This was clearly articulated in the interview with Participant 3 who talked about her fears for the future of Liffey View: 'They are looking at the manager you know, will we get through this kind of thing, at the back of everyone's mind is this project going to survive'. Apprehension about survival is linked to a fear that funding reductions could lead the project to become insolvent. The findings also suggest that concerns for the survival of Liffey View were linked to a belief that the cuts in funding had radically altered the relationship with the HSE. At the core of this change was a belief that the HSE had changed from an organisation that based its decision making on the needs of children to an organisation focused on saving money. This view was also strongly expressed by the key informants who participated in the study, particularly Participants 8, 9 and 15. This extract from Participant 9 captures this perception that the HSE had changed its approach:

Yes, it's just money. And I suppose the disappointing thing is, on the one hand, while that's the culture of almost bullying that's coming from within the HSE in terms of this kind of financial accountability, you either produce the goods or you don't. If you don't, well you can close if you like, and that's the slant, which is a form of bullying because the State still has a responsibility to house these kids. (Data Source: Interview)

There is also a perception that it is not feasible to challenge the HSE in regards to its decisions because of a concern that challenge will be greeted with admonishment and the ultimate sanction is that the HSE will use its power and influence to close the home. As I write I am aware that these are challenging findings and call into question the role of the HSE as the 'corporate parent' legally charged with protecting and promoting the welfare of vulnerable children. However, this sentiment that the HSE

would respond to criticism in a defensive manner was prevalent in the data. This sentiment was expressed strongly in the different stages of data gathering including direct observation, in the interviews with Liffey View staff and key informants and in the diary recordings of the Liffey View management team. A good example of this viewpoint was expressed by Residential Manager Participant 8, during the interview he expressed his anger at how the HSE had reduced the funding to his unit to unsustainable levels. He expressed his concerns to the local HSE office but in his view this correspondence fell on deaf ears. In response he discussed how he had embarked on a strategy of writing letters to the HSE, political representatives, and the media highlighting the impact of funding cuts on children in residential child care. His real concern was that the public nature of the correspondence would make the child care unit vulnerable:

I knew it was going to come back at me, and whether that maybe in the long term it might not make our situation a bit more vulnerable. Because it's not that rock solid either, with all these cuts and changes and then people's kind of perception of this service. (Data Source: Interview)

At the heart of the matter for Liffey View was the issue of power and autonomy i.e. the right of Liffey View to accept and decline new referrals of children from the HSE. To offer some context the notion of a 'gatekeeper' function is an important part of residential child care practice. Simply a manager and the team in making decisions about accepting a new referral consider if the organisation can meet the needs of the child and also assess the potential impact of a new child on the existing group of residents. Normally there is a negotiation with the HSE about the appropriate nature of a new referral and based on these discussions a decision either to accept or decline the referral is taken. However, there is a perception that the role which Liffey View plays in the decision making process has changed. This change is named in this piece from the diary of Residential Manager of Liffey View Participant 1:

Privately given the stresses of funding and the knowledge that two residential units had recently been closed. I feel pressured not to refuse a referral. To the staff and myself I say 'every kid deserves a chance to experience a secure base and to be given the opportunity to make something of it.' However, I am very mindful that it is not me who has to live with the new lad. (Data Source: Diary)

These findings also have to be qualified with the fact that among participants there was an acceptance that the HSE was instigating funding cuts and organisational

change because of the impact of the economic recession. Talking about the HSE Participant 2 shared:

It's like the Grinch arriving in before Christmas. Taking your bonus off you, you know, and I mean, I suppose there is a human side to that as well, we've always had a good relationship with them and you know there is nothing they can do. It's not that they are physically being mean and not giving us the cash, they actually do not possess it to give it. (Data Source: Interview)

I was curious as to how the HSE would respond to the view that they are mistrusted and seen as threat to the continued survival of residential child care units. An opportunity to gain an insight into the perspective of the HSE emerged when I was invited by the by Residential Manager of Liffey View to attend a meeting with the HSE to discuss funding and service plans for the year going forward. This meeting proved to be interesting and insightful because the HSE representatives openly shared their fears and concerns about the future of the community child care team within the HSE. This extended note from the Research Journal captures the atmosphere of the meeting:

Participant 1 shared her concerns about the impact of the funding cuts on the survival of Liffey View. HSE acknowledged this but maintained that Liffey View offered a high quality service and as there was a high demand for residential child care places Liffey View would be fine going forward. However, the decision around funding units had changed as the child care team could no longer allocate money by using discretionary spending. Then the HSE representatives began sharing about changes in the HSE structures that meant the Community Child Care Team would be merged with two other teams. They shared that the current team had a good team dynamic and staff liked working with each other. Also they expressed concerns about duplication of roles and how this would be managed. There are currently three team leaders, three administers and going forward they will only need one. One member appeared very anxious about their job. Saying I am in this job 10 years and I don't know where I will be next month. The team leader shared that the changes were creating uncertainty among staff. Also there was a reference to senior managers as 'them up there' who are driving the changes in the pursuit of achieving better value for money. (Data Source: Observations)

I was struck by the similarities in experiences between the HSE child care team and the emotional experiences of the staff of Liffey View and wider key informants. For the child care team change was also experienced as disempowering and uncertain. Importantly the team was trying to manage the issue of merger, in essence the long-time survival of the team was in doubt. The meeting with the HSE suggests the

perception of a 'good residential child care unit' trying to survive, and the 'uncaring HSE', who by their actions are threatening the survival of child care units, is somewhat more nuanced. A common theme for both the HSE child care team and study participants is the impact of the spectre of austerity on individuals, teams and organisations. In the next part of the chapter I will focus on the emotional impact of living with the reality that the Liffey View's survival was under threat and how this experience of uncertainty played out in the daily life of the organisation.

(B) The Cost of Leadership - Dealing with Loss

Kanter (2012) names 'excess uncertainty' as one of the key reasons as to why people resist change. She maintains that if change feels like walking off a cliff blindfolded then it will be rejected, in fact people will tolerate uncomfortable situations rather than face the unknown. What is needed is for leaders to create an atmosphere of safety by providing staff with clear simple steps as to how the change will be managed. This section will explore the theme of uncertainty, how the management team of Liffey View managed uncertainty through a restructuring process and how this change in the management team was experienced by the managers as an experience of loss. The section will also explore how the restructuring of the senior management team impacting on the culture of children's home, specifically a concern that the change would lead to a loss in the home like environment of the centre.

As part of the interview process I asked the managers of Liffey View to describe an experience of change they were managing. I would then follow up with questions to explore the emotional impact of the change on the manager and wider organisation. Participant 2 talked about the 10% funding reduction and its impact on the organisation. At its core the funding cuts creating a climate of uncertainty in the organisation and evoked fears for the future. In this extract from the interview, Participant 2, shares her concern about uncertainty and its impact:

The fear of uncertainty, of where we were going to go from here, how it was going to impact on the group as a whole - how it was going to impact on Liffey View and then how that in turn is going to filter down to the boys. So we needed to be quite, I suppose quite strong, we need to make sure that the uncertainty doesn't spill over, otherwise it's just going to shake the foundations and that's not what we wanted to happen. (Data Source: Interview)

Participant 2 refers to the need to make decisions to 'make sure that the uncertainty does not spill over'. Specifically, this involved the decision to restructure the Senior Management Team. The leadership system in Liffey View is composed of three managers: Residential Manager and two Deputy Managers who work together as a management team to run the centre. Each of these roles carries a particular portfolio, for example the Residential Manager links with the Board of Management and also manages the external links with the HSE. While one Deputy Manager is principally responsible for managing the administration and funding procedures of Liffey View, the second manages the after care services of the unit. On confirmation of the 10% reduction the management team made the decision to stop using the locum worker/agency staff to cover incidents of staff sickness and vacation periods. This immediately created a gap in the rota as the use of agency workers was an accepted part of the organisations strategy for covering gaps and allowing workers the space to attend training. To cover this gap in the rota the management team made the decision that the deputy manager position would be changed. Each deputy manager would be required to go 'back on the floor' and work as part of the social care team providing support to the residents. The plan was for the deputy managers to rotate the 'on line' role, each doing a period of 6 months and then returning to take up their original role in the management team. Figure 9 is an organisational diagram of Liffey View depicting the structure of the organisation before and after the restructuring. On the face of it this decision sounds rational, in the face of diminishing resources an accepted strategy is to restructure work roles so as to reduce costs and cover gaps in service. However, for some staff there was a perception that the decision to restructure should have been taken earlier as this would have reduced the need to use relief staff thereby improving the organisations finances

If I was the Manager I would have said straight away, well one of us has to fill this line, and that would have saved...a wage for a year, which would have put our heads completely above water, eventually it was done but not soon enough...It's survival, you know and if your funding is cut you can't justify three people working nine to five, you know. (Data Source: Interview)

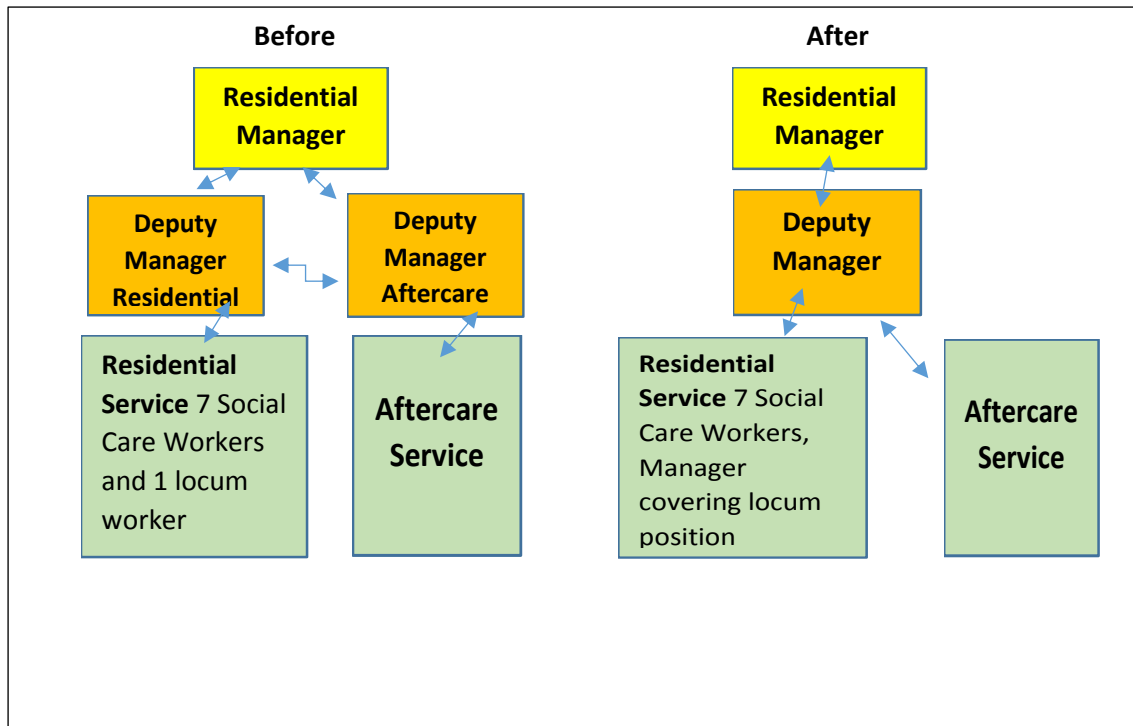


Figure 9: Organisational Diagram of Liffey View Before and After the Restructuring

Despite the fact that the decision to restructure the team seems logical, the findings also offer another story. The decision to restructure the management team actually constituted its break up and at both a personal and professional level managers experienced the change as one of loss. This piece from the interview with Participant 2 captures this experience of loss:

The manager is going back on line after eight years...and I will be going back on shift in September. That's going to be ...a massive change for the three of us, because we're, I think we have got into a rhythm of working together and, you know, it flows and it seems to gel quite well and we are going to miss one piece of that triangle during the day. (Data Source: Interview)

The loss was not only at the level of attachment it also meant a loss in skill and ability at the level of the management team, mainly because the specific area of work covered by each manager needed to be reallocated or omitted. This reallocation meant that as Residential Manager, Participant 1 was required to take on more administrative tasks and manage the demands of engaging with external funding bodies and attend to the 'mundane tasks of the unit'. The picture of Deputy Manager, Participant 3 captures the emotional impact of the change in role on the deputy manager of aftercare. The picture (Figure 10) depicts two images: an octopus and a box. The octopus symbolises what participant 3 enjoys about her role, the fact that it is flexible and allows her to have tentacles in many different areas of the organisation.

Drawing the picture, she shared that her greatest concern was that this flexibility would be lost: 'My biggest fear is that my work is going to be constrained a little bit that I am going to be really limited ...like being put in this box and not been able to get out.'

Participant 3 returns to the experience of role change in her diary writing about the struggle to manage the different elements of her role. The diary also touches on some positive elements the change offers for the manager:

Well diary change is very much happening for me as I now go back to shift work having worked days for the last eight years. It is taking a bit of getting used to. Not mad difficulties but U do feel a bit torn at times. Trying to keep 'aftercare' going as well but its nice spending the extra time with the lads in the house. I suppose I am less freaked out by it than some people while I had to adjust some aspects of my life it hasn't been a major upheaval and on the bright side it's nice having some days off during the week.

(Data Source: Diary)

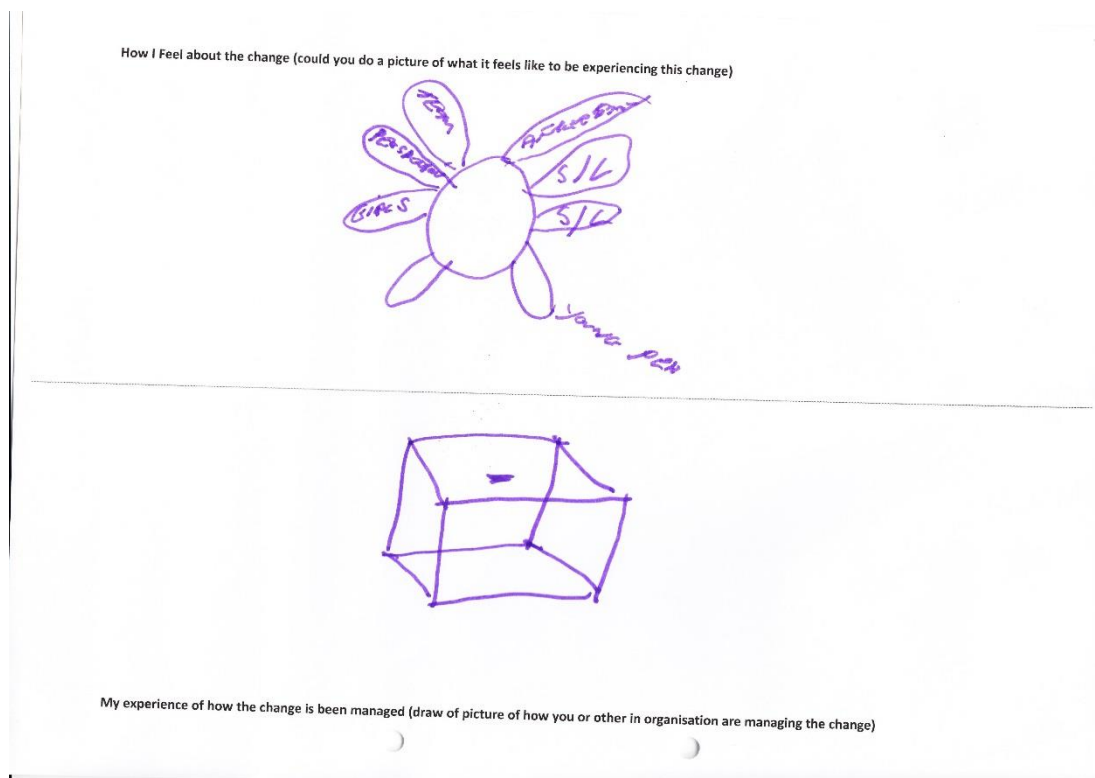


Figure 10: Picture - Participant 3

One of the advantages of having three managers on rota during the day was that it allowed a certain amount of flexibility as to when staff could start and end their work shifts. In Liffey View there was an acknowledgment that residential care practice was emotionally taxing. In a small organisation with limited resources a level of flexibility around the rota was a tangible way of saying to staff we recognise your commitment and loyalty to the work. This cultural element of Liffey View is captured in the interview with Participant 1:

Goodwill can be fostered by, if you have a flexibility to allow people to come in late, or to go early, or to maybe take their mother to a hospital appointment if things are quiet... incorporate bringing their dog for a walk - a lot of goodwill can be achieved by that. With the loss of the deputy on one level that flexibility has been moved so and there's not a lot of giving back. (Data Source: Interview).

In the same interview Participant 1 explained that flexibility supported the development of a caring and humanistic culture in the organisation: 'they come in as human as they possibly can to work in a humanistic kind of environment, and to do that you need goodwill'. At the heart of this culture was the desire to ensure that Liffey View was as 'home like' and familial as possible. In fact, during the observations staff would humorously refer to the team as a family who for example have fights with each other but always make up. Interestingly this home like environment of Liffey View was noted by the HSE Inspection Service in their 2011 report:

One of the main goals of this service is to provide as home like and community based environment as possible and they have substantially achieved this in the Inspectors experience. The centre is home to a dog that is cared for by the young people and one young person in particular, two other dogs visit regularly. The young people experience a busy but ordered and caring environment where continuity and stability is mirrored and modelled. (HSE Social Service Inspectorate Report: Liffey View 2011)

Again this desire by staff to maintain the home like culture of the centre was evident in the decisions taken by the team to manage the impact of the cut in funding allocation. There are a number approaches to managing budget reductions including redundancy, cuts in non-pay budget or changes in staff pay conditions (e.g. reduction in salary). Liffey View staff made the decision that redundancy and cuts in non-pay budgets were not viable options because these decisions would challenge the home like environment of the home. Staff opted to work with the management team to implement a strategy to manage the impact of the 10% cut by agreeing to reductions in salary and reductions in annual leave. This was achieved by devising and signing up to an 'options' document that outlined various ways for managing the reduction in

funding. This was interesting because although staff certainly experienced reductions in pay and holiday entitlements it prevented the emotional turmoil that a redundancy would create.

The experience of Liffey View can be compared with that of Participant 8 who as manager relied on a stable group of locum workers (because of a HSE embargo on permanent employment) to run the home. In March 2011 Participant 8 shared that he was instructed by the HSE to terminate the contracts of the long term locum workers and replace them with staff from a children's unit recently closed. This event challenged the stability of the team and for the children and staff evoked feelings of anger and betrayal at the loss of workers who were part of the daily life of the home. The following extract from the interview with Participant 8 highlights the emotions the change in evoked:

So you can imagine the impact of those kinds of decisions, the sense of betrayal that arrives out of that and the anger and the sadness that arrives out of it. And that was all very tangible here in this house, and there was a parallel at the team level as well, how angry people on the team were at having to lose people because of their agency status, they were going to be going and other people were going to be parachuted into the house. (Data Source: Interview)

(C) The Social Care Team - Remaining Potent in the Face of Despair

In March 2011 the entry of a new referral into Liffey View was an event that challenged the fortitude of the team. It should be said that entry and exit of young people into residential child care is part of the daily life of any children's home. As Participant 7 shared during her interview: 'Change I suppose, well the usual change of different kids coming in, coming and leaving that is the main change that happens within any residential unit'. However, with this referral the perception that Liffey View's authority to act as 'gate keeper' was not being acknowledged by the HSE.

Some background information on Liffey View's referral criteria is necessary to substantiate this claim. Liffey View is a community based children's home located in an area which has high levels of problem drug use, therefore to protect both children and the unit itself Liffey View referral criteria states: 'The centre is not suitable for chaotic drug users or for young people whose needs are higher than what a community based residential unit is resourced to manage'. Despite these clear criteria the Residential Manager, Participant 1 struggled with the decision to accept or decline a referral of a young person with problematic drug use issues.

Because of a concern that refusing the referral could lead to further funding reductions, the manager made the decision to accept the referral. This change is named in this piece from the diary of Participant 1:

Privately given the stresses of funding and the knowledge that two residential units had recently been closed, I feel pressured not to refuse a referral. To the staff and myself I say 'every kid deserves a chance to experience a secure base and to be given the opportunity to make something of it.' However, I am very mindful that it is not me who has to live with the new lad.
(Data Source: Diary)

The new referral had a dramatic impact on the team and this was clear to me during the third team meeting observation in March 2011. After the meeting I made the following note:

My overall impression is the emotional impact of working with the new referral who seems to be in a pretty bad way. The impact is that the staff look tired one member said she was finding it difficult to come on shift because she was so tired. The Residential Manager asked the question as to how the new resident was impacted on the staff emotionally. In response the team shared that as a team they were feeling over stretched. (Data Source: Observation)

Over the next two months the team meetings offered an insight into how the management of the referral was both challenging the 'homely' character of the unit and depleting the emotional resources of the team. The team seemed in despair and there was a real concern that despite their best efforts the child would do significant harm to himself. The difference with this referral was that the team felt that the child was inappropriately placed. Also the emotional demands of working with the referral were exacerbated in a situation where agency staff could not be used to give staff a break or cover sick leave. In fact, there was a reluctance, even a guilt about taking sick leave because the agency did not have the money to cover staff absence:

If people are sick they feel they still need to come in, because Liffey View cannot afford sick leave. So you've got people saying I can't come in, but I'll pay you back a shift... if they are genuinely sick they should be allowed to be sick. Instead you have people feeling guilty for being sick, so their attachment to the place and the goodwill can create its own sort of problems. (Participant 1, Data Source: Diary)

The title of this section refers to 'Remaining potent in the face of despair'. Potent is defined as 'powerful' or 'having effect'. In this context it refers to an interesting theme that I observed as part of the team observations. In the meeting staff would share their feelings and emotions about change events, for example as discussed earlier the impact of a new referral on the team. This would include the sharing of the emotions connected to despair (sadness, disillusionment and fear). The meeting also

included an interesting norm of rebalancing the 'stories of distress' by sharing what I called 'stories of hope'. At the core of these stories was a belief that the team would manage the challenge presented by the change i.e. that the team would survive. These stories helped too re-energise the team and galvanised them to take action. A clear example of this potency in the face of distress was how the team met the challenge presented by the HSE Social Service Inspectorate that resident placement plans were not fully fit for purpose. The team responded to the challenge by developing a new recording system that fully reflected the therapeutic philosophy of the centre (cf. Vignette 4: A Therapeutic Opportunity, p. 104).

(D) Emotional Impact on the Organisation of Liffey View - The Breaking of Trust

The HSE decision to cut overall funding by 10% and decisions around the placement of new referrals challenged the organisations trust in the HSE. As part of the research study I gained access to three board meetings. It was evident from these meetings that the Board of Directors of Liffey View were concerned about the change in relationships between the HSE and the organisation. What I found surprising was that in face of significant uncertainty the board had no issue in challenging the authority of the HSE. For the board a concern was how to protect the ethos of the organisation and ensure that referrals from the HSE were in keeping with the ethos of Liffey View. This was apparent in the decision taken by the board to employ a solicitor to advocate for a child referred to Liffey View with complex needs. The board and the staff agreed that the child needed secure accommodation but the HSE disputed this. The board strategy involved using a solicitor to advocate for and if necessary take the HSE to court in the pursuit of the child's rights. At the meeting the Residential Manager of Liffey View expressed concerns that writing a letter was a 'risky' strategy because it could damage already fragile relationships with the HSE. The board acknowledged this, but maintained that as the ethos of Liffey View was about the care of children using the solicitor was the right thing to do.

When interviewing the Residential Manager, Participant 1 I took the opportunity to explore in detail some of the issues that emerged from observing the board meetings. For Participant 1 the dilemma facing the board in its relationship with the HSE was how to balance the board's duty of care for children with its duty towards staff. As this extract from the interview highlights this balance is not easy to achieve:

In this case this young man, unless we take the risk nothing will be achieved,

and I know the risk is our closure but it's not only what is politically the right thing to do, it's what the right thing to do morally. You know, in terms of Human Rights. But people are very scared for their jobs, but if what you're doing isn't right, is there any point in continuing. You know, it's one thing holding a value, it's another thing when it comes down to the crunch because if you don't stop they are going to pull the funding... We're getting very, very close to that now, we're right at the edge. (Data Source: Interview).

In many ways Participant 1's conversation offers an insight into the challenge of finding a balance between the ethical perspectives of 'Justice' and 'Care' (Banks, 2004; Gilligan, 1992). The Board of Directors is responding to the HSE in terms of an ethics of justice perspective with its focus on principles and rights. This perspective is accepted by the HSE Social Service Inspectorate (2011) which states: 'There was evidence of the Board taking action on behalf of young people's rights and from a social justice perspective'. While the Residential Manager of Liffey View reflects a more nuanced approach by putting forward an ethics of care approach with its focus on finding compromise or consensus that ensures no harm will be done to residents or staff. The theme of anger and mistrust with the HSE was not specific to Liffey View. For Residential Managers, Participants 8 and 9 the HSE actions constituted a betrayal of trust and a lack of concern for the needs of marginalised children. These sentiments are expressed by Participant 8 who humorously referred to himself as a 'man of letters', to explain his reason for writing letters to the HSE, media and public representatives outlining the impact of HSE decisions on residents:

The letters offer some greater understanding and awareness of what the truth is in relation to some of these decisions and it's not just a very narrow, pigeon holed kind of thing where they can make, you know, cut backs, and be happy that they have been successful in saving the money...without understanding the repercussions of those decisions that they've made and the impact that it has on the young peoples' lives, the family's' lives and our working lives. (Data Source: Interview).

Interestingly the HSE itself also referred to Liffey View's use of a solicitor in terms of 'disappointment' and a breaking of relationship. In many ways a breaking of trust. Writing in her diary, Participant 1, reflects on a telephone conversation with a HSE manager. In the diary she recounts how the manager shared their disappointment about using a solicitor and considering it a challenge to the good historical relationship that existed between the HSE and Liffey View.

This section explored the emotional and indeed structural impacts of change on Liffey View. The findings suggest that the funding cuts levied against residential care as a response to the economic recession are having a significant impact. These include concerns about the overall survival of Liffey View, a concern that is also reflected in

the wider residential child care sector. Survival demands structural change, change to staff pay and conditions and also making strategic choices about how to manage new referrals into the unit. Concerns about survival evoke emotions of loss, despair and a breaking of trust with the major funder the HSE. However, the findings suggest that is not the complete story as there is real evidence that Liffey View responded to change in a resilient and potent manner. The next section will explore how the reduction in funding and related organisational change was managed by the leadership and staff team of Liffey View.

4.2 At the Edge of Change - Strategies for Leading Change in Liffey View

The title for this section is taken from an interview with the Residential Manager of Liffey View, Participant 1. During her interview she discussed how the funding cuts were bringing the project to the limits of its survival: 'We're getting very close to that now, we're right at the edge.' I was interested in finding out how the management team of Liffey View managed the impact of austerity and other change events the home was experiencing. Specifically, I was interested in the different strategies the management team used to manage emotion evoked by change. Strategy is defined as 'plan of action designed to achieve an overall aim'. I was interested in the plans, approaches and indeed tactics used by the Liffey View management (and key informants) to manage change. The chapter will focus on three main areas: the different roles (images) used by leaders to manage the structural and emotional dimensions of change, ways of working with the team to support change and how leadership used the emotions of trust, hope and passion to drive change.

(A) Images of Leadership

For Gareth Morgan (Morgan, 1997) organisations can be studied from the perspective of image or metaphor: Ideas about organizations are based on implicit images or metaphors that persuade us to see, understand, and manage situations in a particular way. When gathering data, I was struck by the metaphors that participants used in reference to their role, about their organisation and about the task of managing change. For example, in Liffey View the team was referred to in terms of 'a family', while for Participant 9 the task of leading change was referred to as 'leading people off a cliff' and Participant 8 referred to himself as a 'man of letters'. I was also interested in the metaphors and images that managers of Liffey View used to describe the role of leadership in managing change. During the second stage of data analysis I coded data under the node: leadership metaphors and qualities that act to support and impede the emotional work of leading change. For example, the ability of the

manager to support staff during change was named as essential. However too much support was named as an impediment as it had the capacity to foster dependence of the team on the manager, preventing the team from exercising its own authority. During the third stage of analysis I further refined the data by coding the material into a node termed 'Images of Leadership'. This node had a number of 'child nodes' that tried to capture the various images of leadership emerging from the data. These images included: Manager as Strategist, Manager as Resistor, Manager as Holder of Emotion, Manager as Sense maker and Manager as Compassionate Challenger.

One of the principle methods of generating these images of leadership was by asking the managers of Liffey View to draw a picture depicting their experience of change. Participant 1 produced a picture that portrayed the manager as strategist (Figure 11) symbolised by a picture of a chess board. During our conversation Participant 1 described her experience of organisational change as that of 'chess board' creating a picture which depicted Liffey View (team, residents, management committee) on one side and the HSE on the other. When drawing the picture she described the work of change as emotional: 'It's a relational space, yes, because I'm dealing with emotions all the time'. Emotion is important as it helps to build connections with both the team and the HSE towards the goal of improving the lives of the young people. Interestingly when writing in her diary Participant 1 returns again to the image of the chess board and offers further insight into the link between change and emotion:

Referring back to the chess game - sometimes my moves are manipulative is not the right word. Sometimes I have to convince the team to take a move with me. I depend on their relationship to tell me when they think I am wrong and depend on their trust to move with me. The analogy of chess is not right in the real sense because I don't mean capturing the king but I do mean influencing how the 'other' whether it be the young person, team, HSE, board of management, family.... (Data Source: Diary)

In this engagement with the HSE the use of emotion on its own is not enough and in fact can act to limit the manager's capacity to engage with change. Strategy and planning are also necessary, for Participant 1 the chess board with connotations of 'strategy', 'game playing' and 'making moves', is an image that captures the necessity of engaging with change in a manner that is both relational and strategic.

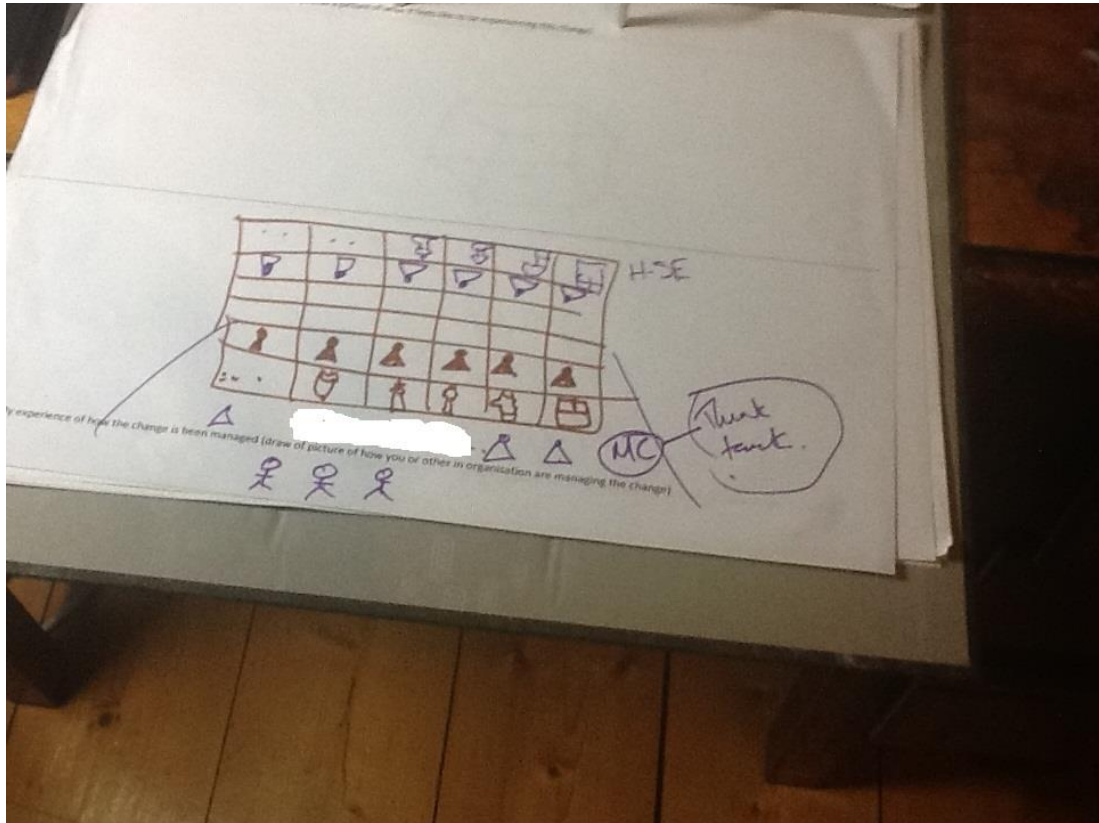


Figure 11: Picture - Participant 1

This perspective is captured in the following piece from the interview:

Strategy - It's making moves and just seeing how the other side moves and then planning your next move. Because if I don't come out of my emotive responses and go into a game playing position, it becomes too difficult to make a move - Does that make sense? I will let my fears get in the way... I often bring a Chess Board into my thoughts - it's an image that I use to bring me out, to bring me into a more, I suppose kind of business head, a less emotive head. (Data Source: Interview)

The chessboard image highlights the need for managers to find ways of balancing emotion and reason to support change. This balancing of emotion and thinking was evident in how the management team worked with the Liffey View to explore options to manage funding cuts through a process termed the 'options document'. This is outlined in Vignette 1: What are Our Options?

What are Our Options?

One of the elements that was of interest to me was strategies used by managers to manage the impact of change on the team. The example, of how the managers of Liffey View responded to the cut in funding by presenting the team with various options for managing the short fall is a good illustration of strategy in action. During the observation of the team meetings I observed how the impact of the potential cuts in funding was managed by presenting the team with what become known as the 'options document' for discussion. The team made a decision that redundancy was not an option and in this case five other options (e.g. reduction in annual leave, work extra shifts) were presented to the team for consideration. The document was really a final product of discussions arising from discussions with the residential manager and each staff member. At the end of the team meeting each staff member was given a letter and asked to outline their preferred option. As an observer I feel that the strategy of outlining an options document managed two elements: firstly, it created a focus for discussing difficult emotions centred on insecurity created by the loss of money. Secondly, it was a way of working with team to develop strategies that made the difficult manageable.

Vignette 1: What are Our Options?

This perspective on finding a strategy to balance emotion and thinking (planning and decision making) was named as essential by Participant 10, who as the CEO was required to phase out residential child provision, part of the organisations mandate for over 250 years. The decision to end residential child care was in response to a policy decision that children under 12 would not be placed in residential child care. To retain residential child care would require the organisation to work with teenagers and it was decided that working with older children was not in keeping with the organisations mission or capability. The decision to close the service did evoke emotion among staff linked to job security. Participant 10 assessment was that process of closure was 'well managed' and central to this was the role leadership played in devising a process to ensure staff were included in the decisions to manage the closure. Also the Unions were allowed to participate and this helped to manage concerns about job security.

The findings suggest that residential managers are not passive recipients of change, managers and leadership structures (Boards of Directors) take steps to protect their unit from the impact of decisions by the HSE to reduce funding or change referral criteria. This perspective I coded as 'Manager as Resistor', examples from the findings of actions to resist change included the decision by the Board of Directors of Liffey View to employ a solicitor to challenge a decision by the HSE to place a child which the board viewed as not best interests of the child. It also included decision by Residential Manager, Participant 8, to write letters to media and politicians outlining his belief that HSE decisions to cut funding were unjust and unfair because of the

impact on vulnerable children. The actions taken by the board and Participant 8 are logical because they are steps to protect the rights and welfare of children. I was also interested in the emotional intent which formed part of these actions and the role it played in influencing, indeed resisting the HSE. The interview with Participant 1 offered an insight into how emotion was used to influence the HSE. When drawing her picture of the chess board Participant 1 talked about 'doing battle' with the HSE. She further elaborated that in regard to decisions around child care the HSE do not like exposure. A way of doing battle was to threaten HSE with exposure around their decisions. The solicitors letter approved by the Board of Directors was a strategy to put pressure on the HSE. The hope was that fear of exposure would force the HSE into action. Some forms of resistance were more positive in nature and focused on building cordial relationships with the HSE. For Participant 1, building relationships, which fostered feelings of empathy and attraction/attachment protected the home because when challenged the HSE would respond in a positive manner. This perception was summarised by Participant 1: 'when things become difficult they don't want to go into the stage of punishing, because they kind of like us'. Again emotional leadership demands a capacity to balance different types of emotion, for example in the case of Participant 1 the task is to balance threat and empathy towards the aim of influencing the HSE.

The findings also offer an insight into the psychological impact of change on managers. Leadership carries with it the need to hold information about change that could potentially destabilise the organisation. As such the findings suggest that the exercise of leadership can be lonely in nature. This piece from the diary of Participant 1 highlights the emotional demands of holding potentially stressful information from Board of Directors and the team on the manager:

Received a phone call from Child Care Manager requesting a meeting to discuss funding following the budget. The phone call ended with the comment 'please remember that if we have to make budget decisions, you can be angry with me as much as you like but all I will be able to do is nod and say 'I know'. On the way home my head flooded with concerns that Liffey View would be closed. I considered phoning the Chair of the Management Committee but decided not to, as there was nothing he would say about the unknown I discussed the same concerns with my husband who acknowledged my anxiety. (Data Source: Diary)

The notion of 'holding' is a little wider than simply holding information. There was also an expectation that managers need to hold the emotional concerns of staff and others. In essence become a focal point for the distress, hopes and fears of staff. This quote

from an interview with Organisational Consultant Participant 15 captures the emotional content of projections, their impact on the manager and potential strategies the manager can utilise to manage the impact of emotion on self:

but they do need to have a lot of courage because ... they are going to have to face a lot of distress coming from workers and young people, they are going to face an awful lot of acrimony, and antagonism coming from outside, you know, so they have to have the courage to face that, and also the energy to fight it rather than just sort of take it in and be overwhelmed by it. (Data Source: Interview)

The ability of a manager to hold and tolerate emotion is named as key strategy in a manager's ability to lead change. In interviews both managers (Participant's 1, 2, 8, and 9) and team members (Participants 4, 6 and 14) discussed the importance of managers having a capacity to hold emotion. Turning to the final two images 'Manager as sense maker' and 'Manager as compassionate challenger' the findings suggest that these images are closely linked to the manager's capacity to work with the social care team. The essence of the 'Manager as sense maker' is the ability of the manager to support the team to make sense of the change. This includes an ability to communicate a message as to why the change is necessary. It also calls for the manager to put in place 'structures of meaning' (Bradford and Day, 1991) for example supervision, that allow the team a space to understand and make sense of emotions evoked by change. For Participant 10 successful implementation of the decision to end residential care provision after a period of over two hundred years was linked to the leader's capacity to present a coherent reason as to why the change was necessary:

I think it's a bit like any change I suppose, that you need to have a strong leader, and you have somebody who needs to be convinced and actually firmly believe the change that they are bringing in. The person you put in charge of taking that also needs to convince the management of the unit and the managers...One glitch in that can upset the whole process, and in my view conviction of belief is nearly 80% of it. (Data Source: Interview)

Central to the theme of 'Manager as compassionate challenger' is the capacity of the management system to support the team during change. Access to a supportive and visible manager during change was named by social care workers who participated in the study as essential. Central to support is the capacity of the manager to display empathy:

She's very empathetic like, she's quite tuned into the staff members... I was out for a while and I came back and she's like, I know you're physically okay but emotionally; that kind of. She was there she was my support system you

know and the manager does it quite well without actually realising it. (Participant 7, Data Source: Interview).

The findings suggest that support also includes praising the team (Participant 15). While social care workers who participated named presence on the floor to manage a new referral (Participant 14) and displaying a genuine concern for the team as it tries to manage change (Participants 5, 6 and 7) as essential for support. The lack of support is named as having a destabilising impact on the team and in some cases the wider organisation (Participants 6 and 14). The findings also suggest that managers need to strike a balance between supporting the team and also challenging the team to take up its authority around change (Participant 15 and Participant 2). At the heart of this theme is the leadership task of developing and maintaining a team, building its capacity to manage organisational change. The next section will explore the role of the team in change.

(B) The Role of the Team in Change

Christopher Smith's (Smith, 2011) view that 'There is no leadership without a leader, a follower and a shared endeavour' is a perspective that is confirmed by the study. With regards to Liffey View the findings demonstrate the collaborative and distributed nature of residential child care leadership. In Liffey View the ability of the management system to carry out a programme of change simply could not have happened without the engagement of the team. This perspective is also affirmed by the experience of key informants. It would seem that change events as large as closing a residential service (Participant 10) or as routine as bringing in a new staff rota (Participant 11) required the engagement of the team for change to succeed.

Earlier in the study I discussed the importance attributed by the leadership of Liffey View to the task of maintaining the 'goodwill' of the team, considered essential for the management of change and the smooth operation of the centre. The findings suggest that goodwill was fostered by the capacity of the managers to invest in structures that allowed the team to participate in decision making around change, for example team meetings allowed the team to engage with funding cuts, plan the inspection and manage a new referral. The findings suggest that the provision of structures on their own are not enough to support team engagement. Leaders need to believe that the team has the capacity to engage with and manage change. The manager needs to find a balance between leading and allowing the team to take up their authority around change. Participant 15 is an organisational consultant with significant experience of working with residential child care teams. During his interview he discussed how

managers in residential child care are often imbued with a sense of power. The challenge in change is for residential managers to share power in a way that allows the team to take up leadership:

I think one of the difference in some places is, is that power is held by the manager, and not by the team. I'm thinking in places like Liffey View or (name removed) it's actually held by the team...It's finding the balance between letting the team suffer, letting the team feel uncomfortable and come to the realisation out of it, even though you had the answer in your pocket...it's trusting the team to come up with the answer...and it allows the team to realise its own authority. (Participant 15, Data Source Interview)

I asked Participant 15 about his experience of consulting to Liffey View and for practical examples of how the senior management team empowered the team to engage with change. He offered examples of how the residential manager of Liffey View had a strategy for developing leadership in the team. This was based on allowing team members to lead out on an area e.g. health and safety, installing a new computer system, based on their skill and interest. This established a culture of the team believing they had a role in making decisions around change. When observing the team meeting it was evident that the management team relied on experienced members to steady the ship during change. This was evident in the way a social care worker was encouraged by management to use his experience to support the team find ways to manage a new referral, described in Vignette 2: The Experience of Team.

The Experience of Team

Attending the team meeting afforded an opportunity to observe how Liffey View managed change events over a period of four months. The management of a new referral was experienced as a challenge for the team. The evidence (e.g. diaries and interviews) suggest that the decision to take a new referral was a challenge because there was a concern that the referral did not meet the criteria of a community based children's home. However, because of a concern that not taking the referral could possibly lead to censure by the funding agency the referral was accepted. What interested me was how the team coped with the task of managing the referral. My hypothesis was that leadership was distributed throughout the team and certain team members because of their experience were able to offer strategies for managing the referral. During the observation I was struck by the role taken by Social care worker, Participant 4, who exemplified this characteristic. At the team meeting he would motivate the team by making links between the demands of managing the new referral and other residents the team had worked with in the past. This encouraged discussion on what strategies the team had used to manage children in distress and their possible application to the new referral. During the interview with Participant 4 I took the opportunity to discuss his role in the team. He agreed that working in Liffey View for over 10 years was an opportunity to use his experience to support the team to manage the referral in a way that allowed the team 'to find ways to make sure that we struggle through it and come out the other side of it.' He also discussed how managers encouraged him to use his experience to steady the team. His main concern was that to manage costs there would be pressure to 'bring in fresh faces straight out of college and continue to run the unit on a much cheaper base.' However, this loss of experience could have a detrimental impact on the home.

Vignette 2: The Experience of Team

Finding ways to balance leadership and team authority was named by Residential Director, Participant 9, as essential in leading change. He discussed the experience of engaging the team to plan a move to a new location and talked about a strategy referred to as 'the red biro-ing process'. This involved producing a draft outlining a plan to manage the move, before giving the document to the team he would go through it with a red biro, making corrections and writing notes in the margins. The motivation was to give a message to the team that nothing was set in stone and they had a licence to chop and change the document as they saw fit.

The findings also provide an insight into what happens if teams find it a challenge to engage with change. This perspective was offered by Participant 6, during the interview he referred to an experience of team conflict, defined by him as 'my worst time in residential'. I asked him if he was happy to share this experience. He agreed to my request and talked about how he had worked in a residential unit that had closed because of team splits. The reason for the team conflict was linked to the admittance of two young men with a propensity for aggressive and sexualised behaviour towards female staff into the residential unit. To be specific, the female staff maintained that male staff were colluding with the misogynist behaviour of the young men. This created a climate that 'caused the males and females to hate each other'. Eventually the young men were transferred from the unit and despite the entry of children with less challenging behaviour into the unit the centre closed. Participant 6 maintained that organisational closure was linked to the lack of leadership, specifically the failure of the organisation to provide a space for staff to discuss emotions evoked by change. This sentiment is expressed in the following quote:

What a manager needs to do is when the young person goes is take the team away and have a group day... and say this is what happened, this is where we're going. But the manager I worked for didn't do that and left wounds open, so when they got new young people...who were actually quite manageable, the team crumbled because they were just so stretched, and hated each other ...and then the unit shut down. (Participant 6: Interview)

In this extract from the interview with Participant 6 the perspective of how the managers viewed the situation is missing. It is possible that the organisation lacked policies on equality and diversity which created a climate for tensions connected to gender. However, the findings suggest that team's play a key role in change. The task for leadership is to develop a culture that motivates and builds the team to engage with change.

(C) Emotion as a Driver of Change

For Turner and Stets (2005, p. 1) emotions are both the 'glue' that bind people together and also the energy that 'drive people apart'. This view is also applicable to organisational change where emotion acts to promote commitment and engagement with change and are also a reason as to why people resist change. Writing in her diary the Deputy Manager of Liffey View, Participant 2, touches on the variety of emotions evoked by change: 'There seems to be a myriad of emotion from frustration, uncertainty, anger, irritability, projection, manipulation not from one specific change but from ongoing changes as a whole'. Earlier in the study I explored how the emotions of loss, despair, and mistrust challenged the resilience of the organisation. I was also interested in exploring if emotion could support change and if there was evidence of leaders using emotion in a strategic manner to manage change. The findings suggest that the mobilisation of hope, trust and passion helped Liffey View to manage change. These themes will be discussed in the remainder of the section.

(i) The Necessity of Hope

Observing the Liffey View team meeting on 30th March 2011 it was evident that the team was finding the task of managing a new referral a challenge. Normally, agency staff would be used and this would allow more experienced staff to work with the referral. Because of funding reductions this was no longer an option. Staff had not slept and the mood was sombre. The Residential Manager summed up the situation saying 'we are an overstretched team'. For the managers there was a real concern that the situation would bring the team to the point of emotional burnout. This sentiment was expressed by the Deputy Manager, Participant 3:

I am angry because I am afraid of how much more are we going to have to do. I am afraid now they (HSE) are going to keep shaving, shaving and shaving we will lose all goodwill in Liffey View. I know people are pissed off ... but I am kind of going where is this going to end? How much can you absorb? We are human and we are a small organisation. My fear is that goodwill be lost and people will say I am not doing the next shift. (Data Source, Interview).

Nevertheless, there is evidence that in face of change the team did not lose their optimism. In section 4.1 I referred to 'stories of hope' and hypothesised about the role of such stories in balancing the impact of 'stories of distress' on the team. As to why the team maintained hope the findings suggest that two elements are important. Firstly, the team of Liffey View is a long established team and in the past has

experienced and survived organisational change. This experience of facing and surviving change instils a belief that change is manageable and also offers resources for managing change. This experience of 'learned optimism' (Seligman, 1998) provides the team with knowledge and skill that can be utilised in their endeavours to face and manage change. In summary the experience of change builds a capacity to manage change. As Participant 15 states:

I think one of the benefits is the fact that they have gone through the change and survived in that sense, and that...itself is a gift ...It's a learning not just kind of in the sense, oh we know we can do that now, but it's something about reinforcing that sense of capacity, we have the ability to go through change and survive it, we are capable, you know. Collectively they begin to have a sense of wonderment that it opens up hope. (Data Source: Interview)

The second element that supported the team of Liffey View to maintain hope was that of leadership. The management team of Liffey View maintained a hope that the team had the capacity to manage change and shared this belief with the team during team meetings. The necessity of hope was a central theme in the interview with Deputy Manager, Participant 2. During the interview I asked Participant 2 to draw a picture of her experience of change (Figure 12). When drawing the picture Participant 2 talked about her belief that despite the changes facing Liffey View the team and the organisation would survive. When asked about what it was like to be experiencing change? She answered by drawing a 'light bulb', referring to the image as a 'light bulb moment' and elaborated that the light bulb was a symbol of having abilities to face and manage change. The second part of the picture further explained this sentiment by drawing the team surrounded by broken (dark and white) clouds and a path to the sun. As she drew she shared that clouds are not solid but it can be a challenge to see 'through the clouds.' Despite this inability to see through the clouds the sun is still there. The sun is an interesting metaphor because it is associated with vision. In this case vision is a reason that motivates the team to hold hope in the face of change. For Participant 2 this motivation is linked to the need for the organisation not to fail the residents:

And I think the boys. The boys give you.... the impetus every day to know that we are not going to fail, because it's just not an option. We're not going to let them down and therefore we may be our little 'in circle' of happy clouds and it may be shaky on occasion, but at the end of it we're not going to fail them and therefore we're not going to fail each other. (Data Source: Interview)

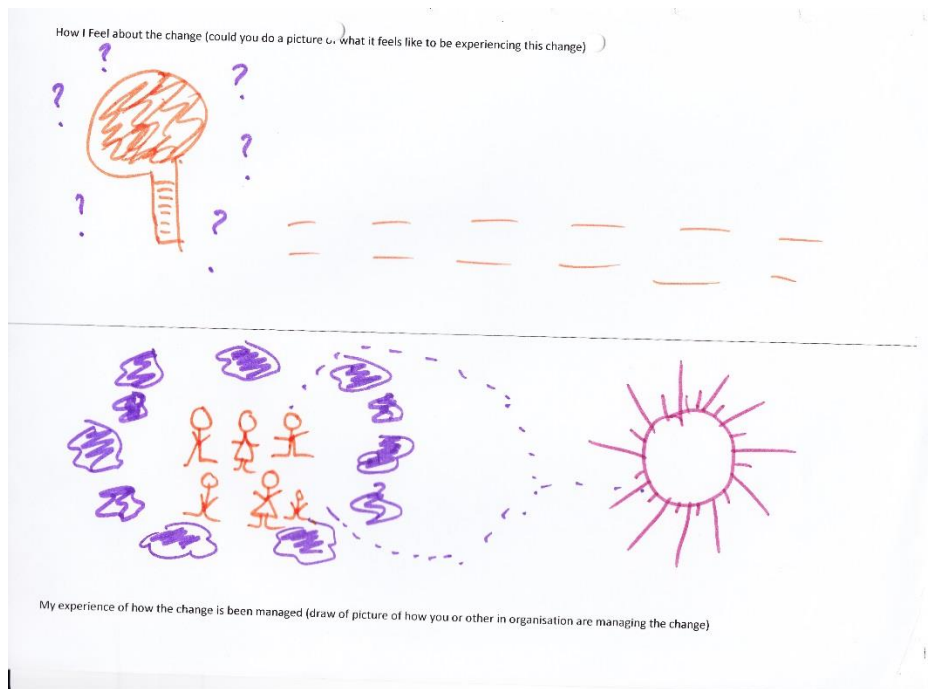


Figure 12: Picture - Participant 2

As part of the observation one of the change events I observed was the inspection of Liffey View by the HSE Registration and Inspection Service. The inspection occurs every three years and Liffey View is audited to ensure it is compliant with national standards that support good quality practice in residential child care. In many ways it was an opportunity to see Participant 2 putting the sentiments expressed in her picture into action. This mobilisation of hope to motivate staff to engage with the inspection is covered in Vignette 3: The Inspection.

The Inspection

Reviewing the diary of Participant 2 it was evident that the Deputy Manager was concerned about the inspection by the HSE Inspectorate. A concern was that because of reduction in resources the team were finding it a challenge to engage with the necessary steps (e.g. file management, care planning and reporting requirements) required for a successful inspection. During the interview Participant 2 discussed the importance of trying to get staff to engage with the demands of the inspection which she defined as an opportunity and a challenge. In terms of opportunity the inspectorate ensures that practice is of a good standard. The challenge is that it is unsettling to be observed and monitored and the inspectors have the ultimate power to close the unit. She was confident that closure was not really a possibility. However, she did feel that staff were not fully engaging with the demands of the inspection. In the team there was a dynamic of 'ah sure it will be all right' to escapism with staff asking to take annual leave. During the observation of the team meeting I watched as the manager reassured the team that because they had successfully completed two inspections they had the capacity to manage this one. However, this was balanced with the message that the inspection needed to be taken seriously. During the interview I asked about striking a balance between motivating and challenging the team. She agreed sharing that there was a 'need to get the inspection done but at the same time

not terrify people.' What really helped the manager was her experience of completing two previous inspections and a real belief that the home was doing excellent work that would be confirmed by the inspection. The challenge was helping the team to remain focused on the inspection and believe in their capacity to successfully manage its demands.

Vignette 3: The Inspection

(ii) **The Primacy of Trust**

Thomson and Hoggett (2012) refer to the essential role which trust plays in maintaining social networks and inter-organisational relations. Trust is associated with feelings of loyalty, compassion and concern based on a belief that the behaviour of others is predictable and they are sincere in their representation of self and their situation (Turner and Stets, 2005). When trust is broken it can evoke emotions of anger, disappointment and resentment. In section 4.1 I discussed how the HSE decision to implement funding reductions was experienced as a breaking of trust and did evoke emotions of disappointment and anxiety. The findings also suggest that trust helped the team to face and work with change. On this point Participant 2 talked about the importance of trust in holding the team together:

I think the one thing that holds firm throughout it all is that, the one thing that doesn't change is the relationships are strong, and that's based on genuinely caring about ourselves, caring about each other, caring about the boys, you know, and generally trusting enough that we will come through it together. I think that's what keeps us going. (Data Source: Interview)

I was interested in trying to describe the way in which the management team in Liffey View worked with the team to maintain trust towards the aim of supporting change. Saunders and Thornhill (2002) maintain that certain key elements promote the development of trust. These include a belief that managers will be honest and not deceive staff during the change process, managers will be benevolent during the change process, and finally that it is safe for staff to express vulnerability. Through the observation of the team meetings it was evident that the management team were honest about change and its impact and clearly presented the message that the team was essential in making change manageable. The 'options document' (cf. Vignette:1, p.93) was a document presented by the residential manager which outlined the impact of funding cuts and options for managing the situation. The process of forming and agreeing the document took place during two team meetings and during the meetings staff were honest about the impact of cuts on their pay and conditions. The fact that the team were fully informed and offered options helped to maintain trust.

This assertion was confirmed in follow up interviews with social care workers (Participants 5 and 6) who maintained that open and honest communication about the change from management and the ability of the management to delegate and trust the team to make decisions helped the organisation to manage funding reductions.

The capacity of managers to delegate decisions to teams builds a culture where teams are given the message that they are trusted to make decisions. This demands a strategy to strike a balance between supporting the team but ensuring the level of support does not disempower. During the interview with Participant 15 he commented on his experience of offering team consultancy to Liffey View offering an assessment of how this balance between delegation and empowerment was achieved by the management team:

The managers let the staff know that they valued the house and the evidence of that was in their presence in the house. The balance was right, there was never a sense of being abandoned. So if things were wrong, she was available on the phone, she came in when she was needed, at the same time she confronted staff around their requests, it wasn't one of those situations where she was soft. (Data Source: Interview)

The findings also highlight how delegation can have less positive outcomes. Participant 12 is the owner and CEO of a private (for profit) residential child care organisation. To manage expansion, she employed two senior managers and delegated the running of the units to the managers. This allowed her to focus on the task of opening a third unit. Although she met the managers on a weekly basis, there was nothing that prepared her for the shock of realising that the managers were surreptitiously using their position to establish their own children's unit (using the resources of the organisation to achieve this aim). For Participant 12, the manager's decision was named as 'woefully disloyal', a betrayal of trust.

(iii) The Drive of Passion

Passion is defined as a strong emotion, such as love, desire, joy, hatred or anger that is directed towards a person or thing. In section 4.2: Images of Leadership, I discussed how managers resisted change because of a belief that external change was unjust because of its impact on the lives of marginalised children. The findings highlight that both residential managers and staff expressed strong feelings of anger and frustration towards the HSE, central to this emotional expression was a belief that

external change was unfair and unjust. Thomson and Hoggett (2012) maintain that perceptions of injustice evoke feelings of anger, rage, and resentment and as the context of a response to injustice such feeling can be viewed as 'emotions of protest'. The desire to maintain and protect the ethos of residential child care provided a strategic focus for anger and frustration. In his interview Participant 15 talked about the link between feelings of anger and injustice and how anger can act as an energy for change:

But there are other people who might be driven not so much by self-awareness but by maybe a sense of justice and a rights based approach, I think they might come with a sense of the unfairness and injustice of things, and they are fired by anger, now it's not a destructive anger in the sense they wouldn't take it out on the staff or the young people, but it would give them that burst of energy to break through something. (Data Source: Interview)

The desire to maintain a therapeutic ethos was also the rationale for the development of a new resident recording system. Following the SSI inspection in May 2011, the inspectorate reported that the recording procedures did not adequately reflect the therapeutic nature of the organisations work. It also found that reporting procedures were inconsistent and made a recommendation that a new reporting template should be developed. The diary of the Residential Manager, Participant 1 records here resistance to more diagnostic forms of reporting and her desire to develop a model of reporting based on 'principles of practice' which was more person centred in nature. Vignette 4: A Therapeutic Opportunity recounts how the residential manager used the desire of the team to protect the therapeutic ethos to devise a new reporting template.

A Therapeutic Opportunity

The Residential Manager Participant 1, recorded in her diary that the SSI recommendation that Liffey View should develop a new therapeutic recording procedures was an opportunity to engage with the team to devise and implement a new reporting system. The diary reflects that while the team were not happy with the established reporting system, there was also resistance to change based on a belief that the more diagnostic/legal model preferred by the funding agency could not be changed. Observing the team meetings, I was struck by the vocal resistance of the team to the practice of 'resident restraint' which is part of nonviolent crisis intervention. The team felt that restraint was contrary to the therapeutic ethos of Liffey View. However, there was not a team consensus as to how residents should be engaged with therapeutically. While some members advocated person centred approaches others advocated more behavioural oriented approaches. The residential manager contacted the funding agency to advise of the SSI recommendation and received confirmation that the organisation was allowed to adapt the standard reporting template to reflect its work. In her diary she referred to this decision as 'another door to freedom'. She also used the teams desire to ensure that any reporting system reflected a therapeutic perspective. Towards this goal the team agreed to set up working groups to explore how a new recording system could be developed. January 2012 was agreed as the date when the new model would become operational.

Vignette 4: A Therapeutic Opportunity

In conclusion this section explored the various strategies used by residential managers and teams to manage the structural and emotional dimensions of change. Managers employ various roles e.g. strategist and holder of emotion to manage emotion. The social care team plays a central role in change and managers need to find ways to build the capacity of the team to engage with change. Emotions of hope, trust and passion can be mobilised by managers and teams to drive change. In regards to working with emotion a theme that emerges is one of balance-finding ways to work with emotion by using reasoning, strategy and policy. The next section will explore organisational practices, part of the daily life of Liffey View, which played a role in containing emotion.

4.3 Things Fall Apart - But the Centre Will Hold

The title of the chapter is adapted from the W. B. Yeats poem 'The Second Coming' written after the First World War, which contains the line 'Things fall apart; the centre cannot hold'. The poem is a reflection on post war Europe and how the war has radically changed things going forward. The direct observation of Liffey View allowed me to observe how a cut in funding challenged the overall survival of the organisation, literally bringing it to the edge. However, in spite of real risk the organisation did not close. The leadership and staff adapted to change and because of a firm belief in their ethos were able to ensure that although some things 'did fall apart' the centre did hold. The notion of holding is central to the meaning of emotional containment: as defined by Clarke and Hoggett (2009, p. 12):

Containment refers to our capacity to hold on to a feeling without getting rid of it, using the energy of the feeling in order to think about what the feeling communicates. It can refer to the capacity to contain one's own feeling as well as the feeling of others.

This capacity to contain and work with the emotion evoked by change in my view allowed Liffey View to remain coherent. The purpose of this section is to highlight what organisational practices Liffey View used to contain emotion evoked by organisational change. In essence what practices Liffey View leadership and staff used to hold the organisation. When referring to practice, I use the term to cover the routines, structures, stories, rituals that are part of organisational culture (Johnson et al., 2007) used by the organisation to manage daily operational demands and in the long run achieve its primary task - the task it must perform to survive (Rice, 1963). The chapter will explore the practice of emotional containment at the levels of the team, the organisation and the leadership system.

Practices for Holding the Team

An important structure in the life of Liffey View was the weekly team meeting. This weekly space was used by the team to manage both the business of the unit and resident clinical matters. When interviewing Liffey View social care workers, the team meeting was repeatedly named as important structure for 'doing business' and 'venting emotion'. This piece from the interview with Participant 7 summarises its importance:

I suppose the team meetings would be where everything happens if we have to make new decisions or discuss anything but I don't see the team ever un-grounding or being shook ever by anything like you know and I think it says a lot for the manager as well like and you know keeps everyone quite grounded.
(Data Source: Interview)

I want to outline how the team meeting worked to contain emotion evoked by the impact of funding reductions and the impact of a new referral. The funding reductions created an air of uncertainty while differences on how a new referral should be managed brought the team to the point of split. Vignette 5: How Can We Go On? outlines how the team struggled to manage a new referral and concerns about reductions in salary and how the residential manager used a 'YouTube' video on 'Object relations theory' to try and motivate the team.

How Can We Go On?

I arrived for the team meeting and over a cup of coffee staff talked about a new referral into Liffey View and the difficulties the referral presented for the team. The team meeting itself was dominated by the impact of the referral on the team. People looked tired and talked about their fears for the young man. He had taken a knife from the kitchen and there was a real concern that he would harm himself. The team agreed that Liffey View was not really the right place for the 'lad' and expressed doubts that HSE would listen to their concerns for his safety. Some team members expressed anger at the book - keeper saying 'the wage reductions are not right and this not the first time this has happened'. This led to staff who knew the book - keeper coming to her defence. There was also a divergence of opinion as to how the new referral should be managed, for example should he be allowed to stay in bed or be encouraged to get up. Some staff maintained that allowing him to stay in bed was safer for him and the other residents. However, other staff maintained that this was not in line with the educational focus of Liffey View and children should be encouraged to get out of bed and attend school. The managers listened and acknowledged that working with the 'new referral' was difficult for the team. The Residential Manager said 'we are an over stretched team.' I was struck by the fact that during the tea break that divides the business and clinical meeting the team did not display any of the humour and frivolity that normally were part of the tea break. It seemed as if the team is on the verge of 'split'.

At the meeting the following week I was surprised to see a laptop sitting open on the table. The team meeting is quite informal and minutes are taken by hand. The Residential Manager proceeded to play a piece from YouTube titled 'Object Relations clinical theory – Introduction' (<https://www.youtube.com/watch?v=CWRhB2IQvbc>). After watching the YouTube video, the

manager encouraged the team to make links between the material (e.g. attachment, holding environments) in the video and their experience of change. The team openly debated the material saying that attachment and holding a belief in the person, despite the behaviour was in line with the ethos of Liffey View. The manager suggested that the team needed to remember that they have a role in changing the lad's behaviour and this can be tough. There was also a perspective (mainly male) saying that sometimes behaviour is just plain bad behaviour and it can't be psychologised away. They joked about the American accent in the video and made a direct reference to me saying 'Brian you could make a video like this'. I was struck by the rise in energy and in some ways a belief that they could manage the challenges the new referral presented. In essence the team could go on.

Vignette 5: How Can We Go On?

In writing the study it is important not to paint a picture of the Liffey View team as totally harmonious. Vignette 5 highlights that the team did have disagreements, for example the new referral highlighted again, the different perspectives as to how residents should be managed. However, the coming together of funding cuts and a belief that the referral did not meet the criteria of a community based children's home demotivated the team. A value of asking the leadership team in Liffey View to keep a diary was its potential to gain an insight into how managers reflected on events that I had witnessed during the direct observation. Vignette 5 is a summary of two team meetings and in a piece titled 'Crisis Management of a Resident', the Residential Manager, Participant 1, reflects on the team meeting writing that she needs to respond 'to the emotional needs of the staff' in a manner that affirms the team and also communicates a message that the experience of 'feeling tired and a little hopeless' can be managed. The diary piece is an interesting backdrop to Participant 1's decision to use the next team meeting to play a YouTube video on object relations theory. The material covered in the video on attachment and on how early infant trauma can create disruption in relationships was a way to respond to the team's feelings of despondency. Kahn (2005, p. 195) maintains that leaders play a key role in creating structures for engagement to take place by establishing: 'holding environments in which staff members are able to express, reflect upon, and develop strategies for dealing with problematic situations'. The findings suggest that the team meeting of Liffey View was a structure that had the potential to contain the myriad of emotions evoked by organisational change.

Practices for Holding the Organisation

Obholzer (1994) uses the image of the 'two-faced Roman God Janus' to describe the role of leadership in managing the internal and external elements of the organisation. Similar to Janus, leadership demands the capacity to 'look in' and 'look out' side the organisation, finding ways to manage the tensions that may arise in the task of holding the boundary. The metaphor of 'Janus' also has resonance for this study as the findings suggest that residential managers are required to manage the expectations and demands of internal (e.g. team) and external (funding agencies) stakeholders. In this section I want to offer examples of containment that happen inside and outside the organisation. I will also offer an example from an observation of Liffey View Board of Directors meeting which highlights a lack of containment.

Emotion can both drive and impede the task of working with young people. In this study the findings highlight that passion is a key ingredient in committed and energetic practice. However, if teams experience emotion as a threat to either individual or team viability they can respond (e.g. split or withdrawal) in a manner that impacts on the environment of the residential unit. The notion of providing supervision and spaces of reflection is intrinsic to the culture of residential child care. However, Participant 15 shared that in his experience as an organisational consultant he noticed a paradox in organisations experiencing change: 'if organisations are struggling they may decide not to invest in team meetings' often referring to the need to reallocate team meeting time to front line services. For Participant 15 this decision was 'ridiculous because team meetings are a really useful way of keeping people focused' during change.

Despite the fact that Liffey View was finding it a challenge to balance its budget the Residential Manager considered it essential to continue to invest resources in supervision. This included paying for an external consultant to provide team supervision. An established practice of Liffey View was for the full team to engage in team supervision around four times per year. I had the opportunity to attend the Liffey View team supervision in July 2011. In fact, the external supervision was the final direct team observation I attended at Liffey View. The session lasted 1.5 hours during which staff reflected on the changes they had experienced including cuts in funding, change in pay and conditions, change in team structures and the impact of a challenging new referral. The supervision was a combination of reflection on the emotional and structural impact of the change and a discussion on possible strategies for managing change going forward. The external consultant managed the space, for

example summarising and offering interpretations on the material shared. A summary of my observation of the meeting is included in Vignette 6: 'Getting it All Out'.

Getting it All Out

What struck me most about the external team supervision was the honest and robust sharing. I feel this reflects a level of trust that allows the team to accept both praise and challenge from management. There was significant discussion about the fact that the residential manager was off for a month on sick leave. This was contrasted with fact that the team felt guilty about taking sick leave as there were no resources to cover the gap in the rota. The Residential Manager acknowledged that her sick leave did have an impact. However, she maintained that it was essential for the team to take sick leave and loyalty was not always good for team health. The consultant made an interpretation that the Residential Manager played a key role in helping the team to make sense of its experience and her absence meant the team felt abandoned. There was an acknowledgment from everyone that the changes to manage the funding cuts were tough but necessary. One participant acknowledged the value of the team supervision as place for dealing with issues that impacted on the team. The supervision also focused on practical ways on how change could be managed going forward e.g. finding ways to support reflective practice by allowing time for a debrief at the end of every shift.

Vignette 6: Getting it All Out.

The team supervision is an example of containment because it is a space that allows emotion to be shared and worked with. In many ways the investment in supervision structures holds organisations together during change because of their capacity to allow teams to vent emotion in a way that makes it manageable. Also the commitment to action is important because it faces the team with the reality of work i.e. their purpose is to work together in a collective manner to support vulnerable children.

Turning attention to the world external to Liffey View, the findings make it clear that managing relationships with the HSE is of central importance. This often involves a delicate balancing between challenging the funding agency but also working to ensuring that relationships remain open and proactive. In regards to leadership this requires a proficiency in the management of relationships and also some capacity to think strategically. These elements are evident in the 'chess board' image of Participant 1. Again the ability to build relationships and work strategically (e.g. planning, managing meetings, negotiation) were demonstrated in the direct observation with the HSE and Vignette 7: 'The Bottom Line' is presented as evidence of how these elements worked together to protect Liffey View going forward.

The Bottom Line

The purpose of the meeting with the HSE was to agree a Service Level Agreement. This outlines the funding level and service requirements between Liffey View and the HSE for the year. Before going to meet with the HSE the Residential Manager convened a meeting of the management team, members of the Board and the book-keeper. At this meeting it was agreed what they needed to get from the meeting for it to be successful (level of funding and some clarity about the future of Liffey View going forward). This was the bottom line. People agreed to negotiate with the HSE on the agreed areas. When we arrived for the meeting it was interesting to note how the residential manager, when engaging with the HSE representatives moved between informal (asking about family members) and formal communication (focused on funding and the plans that HSE had for Liffey View). Central to the meeting was an acknowledgment by HSE representatives that although funding was a challenge Liffey View was considered essential and would not be closed. Debriefing in the car going back to Liffey View there was relief that the unit would not be closed.

Vignette 7: The Bottom Line

When conducting the study, I was open to identifying practice in Liffey View which pointed to examples of when emotion was not contained. The observation of a meeting of the Board of Directors of Liffey View provided material which highlights how a decision to employ a solicitor to advocate for child presented a potential risk for the organisation. The ability to have cordial relationships with the HSE is named as essential for organisational wellbeing. Despite this fact the board was willing to test this relationship and put the organisation at risk. Vignette 8: 'A risky strategy' taken from my research journal is presented as an example of a potential lack of containment by the board.

A Risky Strategy

What struck me was the Board's passion to protect the rights and welfare of children. This included the decision to employ a solicitor to advocate for a child, who because of complex needs required a high level of care. The Board believed that the child was wrongly placed and using a solicitor would pressure the HSE into providing more appropriate support. The Residential Manager, advised caution sharing that employing a solicitor was a risky strategy that could damage relationships with the HSE and offered alternative methods to advocate for the child. The Board disagreed arguing that its role was to protect the welfare of children. I was struck with the level of anger towards the HSE, from the perspective of the board the HSE was failing to protect vulnerable children. After the meeting the Residential Manager shared her concern. While accepting that the Board did have a role to protect children it also had a role to protect the organisation. In her view challenging the HSE could damage the organisation, as its survival was linked to maintaining good relationships with the HSE. If the organisation was closed all residents and the staff would be affected. On reflection I could understand the Board's passion to protect the rights of vulnerable children but I wondered if this anger towards the HSE was driving it to make decisions that could potentially damage the organisation.

Vignette 8: A Risky Strategy

Managing the Emotional Demands of Leadership

Emotional containment demands managers have a capacity to hold both their own emotion and the emotion of others. It also calls for managers to demonstrate containment in practice through, for example being present for the team during episodes of change. When gathering data, I was interested in finding out what helped and indeed hindered managers to contain emotion. The findings offer an interesting insight into the organisational practices that support residential child care managers to contain emotion. These include: supervision, support gained from engagement with other managers and appropriate training. While loyalty and attachment to colleagues are named as a potential factor that can prevent managers from carrying out their role.

Access to supervision is named as critical for supporting the manager to work with the emotional demands of leading change. The findings also suggest that for supervision to be effective managers need some capacity for self-awareness. This quality of reflection allows managers to remain proactive and not respond to the emotional demands of leading change in a reactive manner e.g. becoming defensive. This relationship between self-awareness and the practice of supervision is captured in following extract from the interview with Participant 10:

In supervision you can have a manager who says, 'I don't know what to do here' and if you are in that position with a manager you can say OK let's look at it, and you can walk and talk it through. And I think it's a manager's self-awareness, because ... the manager who can contain usually is very self-aware, and often questions and is self-reflective, and is prepared to say 'I got that wrong'. In other cases, if you have the controlling manager, they have difficulty in hearing or listening... and recognising that there might be something for this person that needs to be attended to, through supervision is important. (Data Source: Interview)

Access to structures that allowed managers to learn from each other (e.g. either through informal discussion or mentoring) are named as important. The research highlights that accessing support from other managers is both informal (meeting other managers for a cup of coffee) and formal in nature.

In terms of a more formal structure the Residential Managers Association is named as an important structure for support:

I suppose this is what most of us do, we look at other managers. We role model off other managers. We try and pick up a bit of this and a bit of that and one of the things in the Residential Managers Association that I was hoping for was the fact that we would be able to use mutual supports and kind of bandying ideas off one another. (Participant 9: Data Source: Interview)

The necessity of support cannot be overestimated because the emotional demands of the role can lead to emotional burnout. The diaries kept by the managers of Liffey View offer a valuable insight into the emotional costs of leadership and in such a situation burnout (e.g. withdrawal and loss of energy) is understandable. The findings suggest that the role of formal management training in supporting managers to lead change is mixed. Participant 2 named completing an MA in Therapeutic Child Care as highly beneficial in helping her manage the emotional dynamics of the role:

I'm a lot better at being able to step back from something, observe it, think about it and going am I reacting for the right reasons? am I responding to it because it's something that's triggered in me? is it my own stuff? is it one of the boy's stuff? is it the staff stuff? and hold on a minute before I go in there with guns blazing. (Data Source: Interview)

For Residential Director, Participant 9, more business orientated management programmes may not offer the skill development that fits the culture of residential child care. Participant 9 discussed the paradox that can be part of the transition from a worker to a manager in residential child care, the belief that because someone is a good worker this will translate into being a competent manager. Also the belief that attending business oriented management programmes will support child care workers to manage this transition was challenged:

And the curse of our type of work is that one of the things that happens, staff are really good at working on the floor. They build up a reputation of being really good at working on the floor and there is an assumption that they can make the transition into management and then suddenly they're struggling. And they go off and they do one of these Irish Management Institute courses that don't stand them in this work. It's very hard to translate that kind of training into Social Care training for management. (Data Source: Interview)

When conducting interviews with Liffey View social care staff some participants maintained the restructuring of the senior management team should have happened earlier. From their perspective the decision to prolong the decision cost the organisation money because of the need to use locum staff. I was interested in finding out the residential manager's perspective on restructuring the senior management team. During the interview Participant 1 reflected on the experience of restructuring

the team and shared that if she was to do it again she would do it differently:

I'd say the way that I structured the initial team worked very well for the managers but it mightn't be as effective for Liffey View as it could be. I would have structured that threesome better. The extra staffing, the deputy position, it didn't require a full working week, it required probably a part time position, so the structuring of the hours, I would have changed that. I think we're moving more towards the change that I desire now, but it probably should have happened quicker. (Data Source Interview)

Participant 1 was honest in outlining why there was a delay in restructuring the team. Loyalty and the need for support were named as key reasons. The senior management team was an important structure for the residential manager to get support. The Residential Manager felt an attachment and loyalty towards the fellow manager's and was concerned about the impact of change on them. What eventually moved her to action was the realisation that the emotions of loyalty, although altruistic, were preventing her from implementing a decision that was necessary to protect the organisation.

The purpose of this section was to explore the key organisational practices used by the leadership system of Liffey View to contain emotions evoked by change. The metaphor of 'holding' was used to highlight how the use of team meeting and group supervision play a key role in containing the team in change. The capacity to combine planning and relationship building to influence external stakeholders towards the goal of protecting the organisation was explored. Finally, supervision, managerial peer support and appropriate educational training are named as important elements that enable leaders to manage the emotional demands of leading change.

Chapter 5 Discussion

This chapter will discuss the study findings in relation to existing literature on organisational change and emotional containment outlined in the literature review. The chapter will also discuss the finding in relation to the purpose and objectives of the study. To summarise the study set out to explore the process and practice of leading change in residential child care and assess the efficacy of 'emotional containment' in this context. Using a case study approach the study addressed the following key objectives:

1. To explore the emotional impact of organisational change on residential child care
2. To explore what strategies leaders use to manage the emotional impact of change on residential child care.
3. To identify what organisational practices are utilised by leaders to support emotional containment at the level of self, team and the organisation in residential child care.

The purpose of the chapter is to ascertain how the findings relate to existing literature on organisational change and emotional containment. The discussion will be structured around exploring how the study addresses the three objectives of the case study.

5.1 Emotional Impact of Change on Residential Child Care

The analysis highlights the external and internal events driving change in residential child care. The study confirms Hillan's (2005) assessment that residential child care is in transition and in an Irish context is experiencing dynamic external change. Specifically, in an Irish context, the study confirms, for example that residential child care is increasingly being reserved as a placement option for children with complex needs (Gilligan, 2009). However, the findings clearly highlight that the Irish recession and the subsequent programme of 'austerity' had a significant impact on Liffey View and indeed on the wider residential child care sector.

From the start of the direct observation it became apparent that the unexpected reduction in funding was a change event that not only challenged the survival and autonomy of Liffey View but also impacted in a dynamic way on the other change events I observed (e.g. fear that refusing a referral would lead to a further reduction in funding). Considine and Dukelow (2010, p.3) discuss the necessity of producing

literature that documents the social impact of the Irish recession. In many ways the study is a response to this call. The study offers a unique perspective on how residential child care is responding to the impact of the Irish recession at the micro level of a residential children's home. As austerity was central to the study I want to focus on it in detail.

For Liffey View funding cuts were experienced as a threat to the very survival of the unit itself and confirm Ward's (2009, p. 30) assessment that external change driven by 'political or economic shifts' can affect the overall existence of a residential child care unit. In many ways the study puts flesh on Ward's assessment by describing what emotions are evoked by organisational change and their impact at the level of management, team and organisation. The pictures produced by the managers of Liffey View were useful for capturing both the emotions linked to austerity and the strategies and practices for managing austerity across the organisation. The picture by Participant 2 (cf. p.101) of 'broken dark and light clouds' and a 'path to the sun' tell a story on how concerns for the survival of the home evoked emotions of fear, despair and doubt in the team. The actions to manage funding reductions and the challenge of managing a new referral tested the resilience of the team. The team did survive, and this experience of resilience confirms the perspective of Antonacopoulou and Gabriel (2001) and Vince (2002) that while emotion can cause distress it can also promote learning. The picture with the image of the sun points to the importance of hope. The fact that the team had experienced challenges before and survived instilled a belief in their capacity to manage change. A perspective defined as by Seligman (1998) as 'learned optimism'. The study suggests that emotions of hope, trust and passion were mobilised towards the aim of protecting the core ethos of the home i.e. providing a safe environment to work with children.

Hirschhorn (1998) refers to the concept of the 'psychology of vision', how connection to an ethos helps workers to engage and make sense of change. The image of the 'sun' in Participant 2 picture symbolises vision and confirms the importance of leaders communicating a vision or purpose for change (Krantz, 2001). The findings suggest that the decisions to manage the impact of austerity, restructuring the senior management team and engaging with the SSI inspection were driven by a desire to protect and maintain the ethos of Liffey View. I accept decisions around change can be motivated by staff desire to protect their livelihoods. Nevertheless, the study does provide evidence to confirm Krantz (2001) view that change can be destabilising for organisations and if emotion is not contained team dynamics can cause change

efforts to fail. For Participant 6, the inability of management to provide a space for staff to explore the emotional impact of a new referral (two males with aggressive and misogynist behaviour) on the team was named as a reason for organisational closure.

A children's home does not exist in isolation and to survive must manage relationships with funding and regulatory bodies (Hicks and Gibbs et al., 2007; Willumsen, 2006). An important body in the life of Liffey View and the key informants is the HSE. The findings of the study suggest that austerity is changing the relationship between the HSE and residential child care. There is a perception that decisions taken by the HSE to manage the impact of the recession are contrary to its stated mission of protecting the welfare of vulnerable children in care. Importantly, a recurrent theme is that the HSE is experienced as a risk to the autonomy and overall survival of residential child care. In such a context there is a perception that a challenge to HSE authority is a risky endeavour that could lead to unit closure. This perception was summarised by the Residential Manager of Liffey View (Participant 1) when she wrote in her diary that because two children's home's had been closed she was reluctant to refuse a referral even though she did not consider the referral appropriate. The use of diaries provided an insight into the impact of organisational change on the management team of Liffey View. For example, to reduce costs the management team took the decision to restructure the team. In essence it constituted the breakup of the senior management team. The diaries of the team highlight that the decision evoked feelings of anxiety and loss. However, there was also pragmatism, a belief that to manage funding cuts, restructuring was correct. The diaries confirm Hicks and Gibbs et al. (2007) view that containment of emotions evoked by change forms a large part of what managers have to manage.

In conclusion the study confirms that organisational change has both emotional and structural impacts on residential child care. While a number of changes (team change, new referrals) are routine, external change, specifically managing funding reductions, presents a challenge to managers, the team and on organisations relationships with external bodies. For Anglin (2002) children's homes are fundamentally involved in a 'struggle for coherence'. The aim of the struggle is to ensure that the children's home is stable enough to support work with vulnerable children. For Liffey View the struggle was to manage the threat posed by austerity finding ways to survive and remain coherent.

5.2 Emotional Work of Leading Change in Residential Child Care

A purpose of the study was to assess the efficacy of 'emotional containment' in the context of leading change in residential child care. In this section I will argue that the findings suggest that containment can offer a framework to support the task of working with emotions evoked by organisational change. In fact, the evidence suggests that in the case of Liffey View the capacity to contain emotion supported the organisation to remain coherent in the face of external change. However, the findings also present evidence which demonstrates that working to contain emotion evoked by change on its own is not enough. There is also a need to draw on reason, values, policy and concepts from management thinking (e.g. planning and strategy). The synthesis of emotional containment theory with perspectives from policy, values and management practice supports leaders in the emotional work of leading change.

In the literature review I posed the question if a concept that is linked to psychoanalytical thinking on child development can be applied to organisational change? Central to the concept of containment are the ideas of 'holding' and 'transformation' (Clarke and Hoggett, 2009; De Gooijer, 2009). The belief that emotion if held can be transformed into something that can be used for learning and development. The study highlights that the capacity of managers and team of Liffey View to hold emotion evoked by change did have positive impacts for the organisation. Therefore, the study suggests that emotional containment can be applied to organisational change and also provides evidence to support its value in change. The study suggest that three elements play a key role in containment: the ability of the leader to hold emotion, the capacity of the team to engage with change and structures which allow leaders and teams to make sense of emotion evoked by change. The findings confirm a key role for leadership in containing emotion evoked by change (Huffington et al., 2004b; Obholzer, 2001). The emotional work of leading change is achieved by the capacity of the leader to tolerate and contain both their own emotion and the emotions of others. In the findings I refer to the Manager as holder of emotion, and outline how the Residential Manager of Liffey View, Participant 1, received a phone call from a Child Care Manager advising of budget cuts. The Residential Manager considered it necessary to hold her fear that the organisation would be closed as this information would alarm the team. The findings also confirm that social care teams play a key role in change (Hicks, 2008; Ward, 2009). In Liffey View, it was clear that change could not have happened without the goodwill of the team. This is evident in the vignette 'What are our options?' which documents how

the engagement of the team was essential to manage the impact of funding reductions. Also the vignette 'The experience of team' highlights the capacity of the team to manage the emotion evoked by the entry of a new resident into the home. The capacity of the team to engage with change is facilitated by structures which allow the team to make sense of emotion evoked by change. These structures include team meetings, supervision and team consultancy. The vignettes 'How can we go on?' and 'Getting it all out' highlight the use of team meetings and team consultancy spaces to hold and use emotions evoked by change. When it comes to emotional containment the findings suggest that there is no need to reinvent the wheel as emotional containment can be facilitated by using structures and practices intrinsic to the culture of residential child care. The use of team meetings and team consultancy confirms that containment as a 'holding' or 'facilitating' environments act as 'transitional spaces' that enable organisations to make sense of change (Bridger, 1990; De Gooijer, 2009). There is also evidence from the findings to suggest that lack of containment leads to behaviours that impact on staff wellbeing and on the overall task of a residential child care unit, for example the experience of Participant 6 and his assessment that the lack of structures to process emotion led to organisational closure.

In the literature review I posed the question if the theory of emotional containment ignores issues of power and ideology integral to organisational change? The findings highlight that power and ideology do play a role in organisational change in residential child care. The relationship between child care homes and the main funding agency, the Health Service Executive (HSE) clearly highlights differences in regards to power (over financial resources) and ideology (belief that agency decisions reflected a corporate culture). These differences are captured in Participant 1's picture of a 'chess board' (cf. p.92) which describes using emotion and strategy to try and influence the HSE. Also in the theme 'Manager as Resistor' the findings highlight that managers use emotions of empathy and the threat of exposure to try and influence HSE decisions around funding and referral criteria.

While change is certainly political the findings suggest that containment on its own is not enough to influence power relations, or indeed manage change. Managers also need to draw on values, policy, planning, and indeed their own reasoning to lead change. The themes of 'balance' and 'integration' emerge from the findings. Returning again to the picture of Participant 1 the notions of balance and integration are exemplified in her challenge to find the balance between using emotion to influence relationships but not get paralysed by emotion (fear) which prevents action. The

chessboard is an image which highlights that action becomes possible when emotion is linked to thinking and planning. The vignette 'The Inspection' highlights how the Deputy Manager of Liffey View, Participant 2, works to strike a balance between motivating and challenging the team to engage with the SSI inspection. In striking the balance she links emotions of hope and resilience (the fact that the team has successfully completed two inspections in the past) with child care policy (inspection is mandatory). Participant 2's actions reflects Kiefer's (2002) assessment that change evokes emotion which influences work tasks, team relationships and relationships with external organisations. To manage change both the task and relational dimensions of change need to be managed.

The synthesis of emotional containment theory with perspectives from policy, values and management practice reflects the thinking of French (2001) and French and Simpson et al. (2009) that to manage change leaders need to develop negative (the capacity to contain anxious and uncertain emotion and also to respond creatively) and positive capability (skills and knowledge to lead change). It confirms the thinking of Hawkins and Smith (2006) that competent change management programmes are characterised by an alignment of the three areas of organisational functioning: strategy, leadership and culture (also called the 'Developmental Trinity'). For Liffey View, emotional containment supported the managers and team to contain and make sense of emotion evoked by change. While using policy, planning and strategy helped to turn learning gained through containment into action. This integration of emotional containment and wider policy and management thinking is summarised in Figure 13.

The study also confirms that to manage change leaders need an awareness and capacity to work with emotion at both a conscious and unconscious level (Ward 2009:43; Hicks, Gibbs et al, 2007). On this point Ward (2009, p. 43) writes:

So what is the answer to dealing with forces that may be operating unconsciously? The responsibility of the leader is to become sufficiently insightful and self-aware to be more mindful of these sort of dynamics, and to promote a working culture in which it is ok to acknowledge their existence.

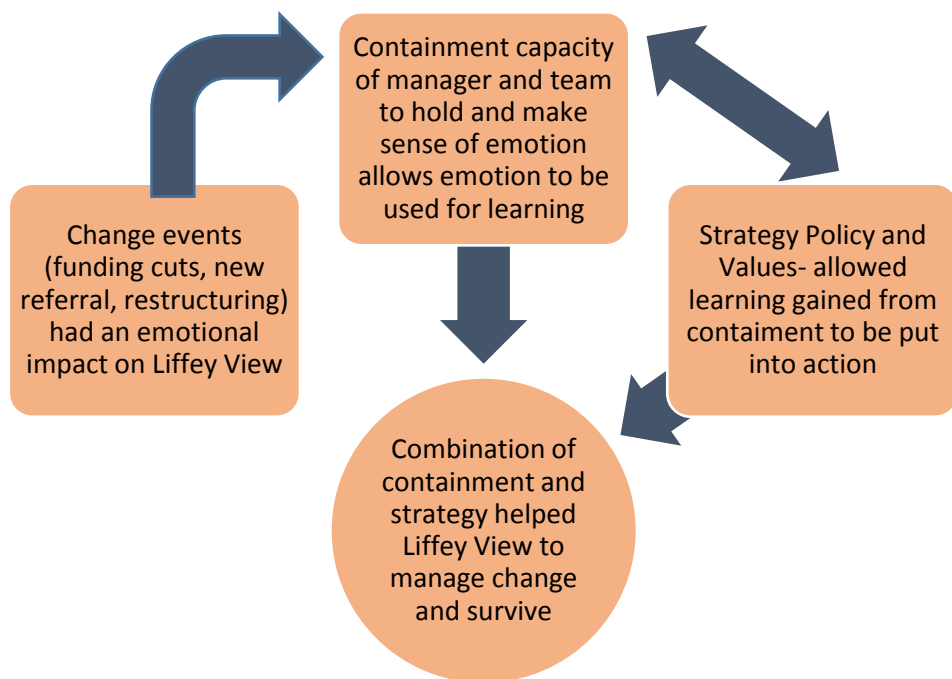


Figure 13: Integration of Containment and Other Knowledge Perspectives

This sounds a daunting task. However French (2001, p. 485) offers some reassuring advice by applying Winnicott's (1960) concept of 'good enough' care-giving to organisations, it is a reminder that when leading change leaders do not need to be perfect, they simply need to create a working environment that supports 'good enough' containment to happen. Again the study highlights how the everyday practices of supervision, peer support and even writing can help leaders to manage the task of containing the emotional dynamics evoked by organisational change. The next section will focus on exploring a framework to support 'good enough' emotional containment.

5.3 Building a Container to Support 'Good Enough' Emotional Containment

There is a wonderful line in T.S. Eliot's poem the 'Four Quartets': 'And the end of all our exploring will be to arrive where we started and know the place for the first time'. In many ways this line sums up one of the reasons for conducting the study. In the introduction I explained that a motivation for undertaking doctoral study was to find out if the theory of emotional containment could offer anything of value to leaders and staff working in the social professions. In many ways the hope was to develop a simple framework that could be applied to practice. As I consider the overall value of emotional containment I feel that the study does offer findings that can form the basis for a framework to support leaders in residential care with the task of managing the emotions of organisational change. The literature review identified a number of gaps

that provided a rationale for the study. In summary, these include the fact that studies into the role of emotional containment in organisational life focus on how the concept can support consultancy practice (Huffington et al., 2004b) or clinical practice (Ruch, 2007). Also Hicks, Gibbs et al. (2007) and Ward (2009) maintain that there is a need to develop management and leadership literature that reflects the relational culture of residential child care.

The previous section highlighted two key findings: emotional containment is certainly of value but it can be enhanced by drawing on policy, professional values and management theory. In developing a framework to support 'good enough emotional containment' there is no need to reinvent the wheel, as the study confirms that structures and practices intrinsic to residential child care support containment. The challenge was to consider how these findings could be worked with to develop a framework for practice. Figure 14: 'Framework for Leading Change in Residential Childcare', reflects an endeavour to pull together some of the key findings of the study into a framework. In developing the framework, I used NVivo, firstly, to integrate material from the nodes impact of change, strategies for managing change and practice of containment into a node named practice of good enough emotional containment. The elements of the framework e.g. core purpose, containing structures developed as 'child nodes'. Secondly, I devolved memos to summarise how the identified nodes supported and indeed inhibited emotional containment. Finally, I used NVivo's model building software to develop a framework of good enough emotional containment to support the emotional work of leading change.

The framework is composed of the following key elements:

Change Events: the framework accepts that change and the management of organisational change is integral to residential child care leadership (Ward, 2009). Change events have different impacts, for example, bringing in a new procedure is somewhat different from a cut in funding that can challenge the overall survival of a residential unit. While there are different types of change the findings clearly highlight that change evokes emotion and the role of leadership is to contain this emotion in a manner that promotes the overall task of the organisation (Hicks et al., 2007). Systems psychodynamics thinking with its premise that change events evoke both conscious and unconscious emotion (image of iceberg) which has meaning for the whole organisation (Armstrong, 2004; Prins, 2006) highlights that both the emotional and the technical need to be considered in the management of change.

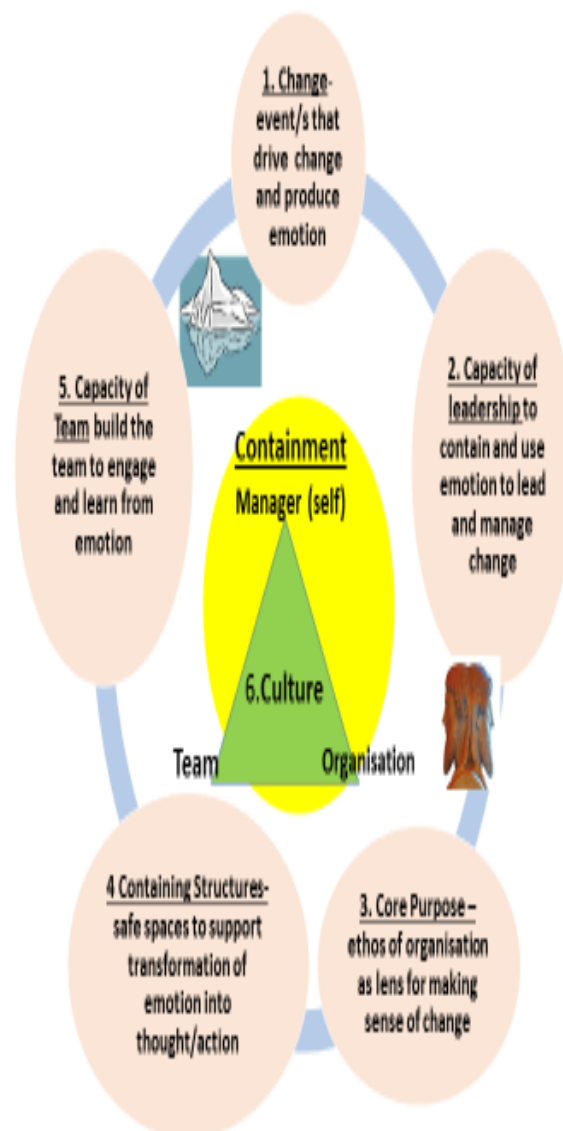


Figure 14: Framework for Leading Change in Residential Childcare

Capacity of Leadership: ‘good enough’ containment is achieved by the capacity of the leader to contain both their own emotion and the emotion of others, build the capacity of teams to engage with change and invest in structures to contain emotion. Ward (2009) describes residential child care leadership as something that lies at the heart of a residential child care unit. However, this central role does not imply that the leader carries out the role in a manner that is ‘solus ipse’, i.e. self alone. Leadership in residential child care is distributed and relational in nature (Hicks et al., 2007). This was confirmed by the findings of the study for example the vignettes: ‘The Inspection’

and 'What are our options?', highlight the importance of the leader and team working together to contain emotion. French (2001, p. 483) writes that the Latin root of capacity is 'capere', which means 'to take hold, contain'. The notion 'to take hold' is interesting because the study highlights that emotion can literally 'take hold' of leaders in a manner that prevents them from functioning. Participant 1 shared that although the decision to restructure the Liffey View management team was necessary she procrastinated because of loyalty and attachment to fellow managers. What is needed is for leaders to take hold of the situation and use for example supervision to remain potent in managing emotion. Strategic skill and knowledge is also required to support the task of implementing the more rational elements of change management e.g. planning, resource management, and strategy. The Manager as Strategist theme is a good summary of the need to use both emotion and reason to lead change.

Core Purpose: The findings of the study suggest that the desire to protect the core purpose of the home helped the managers and team to engage with change. This commitment to the value of care was evident in the team's decision to ensure that funding reductions did not impact on the daily life of Liffey View and on the life of the residents. This was achieved by not reducing the programme budget and making savings through changes in pay and conditions. Ward (2009) maintains that residential child care leaders play a key role in presenting a vision for why change is necessary and how change is linked to core purpose. The notion of the leader providing a vision for change reflects the idea of 'pro-tainment - establishing a lively engagement with an object, person or thing' (Huffington et al., 2004a, p. 228). This lively engagement was evident in how the managers and team of Liffey View mobilised the emotions of hope and passion to ensure change (inspection and new reporting procedures) reflected and protected the core purpose of the home.

Containing Structures: Central to the work of containment in residential care is the ability of the leader to establish and maintain structures that support the team to engage with emotion/s evoked by change (Bridger, 1990; Ward, 2009). These structures include the practice of supervision, consultancy, training and indeed informal debriefing. At their core these structures are holding environments that allow emotion to be contained and transformed into knowledge which can be utilised for organisational learning (De Gooijer, 2009). Residential leaders also need to engage with structures that allow them to manage the dual tasks of leading change inside and outside the organisation. This often requires that leaders find ways of maintaining

relationships with external bodies which may be challenged by change. This is captured in theme of 'Manager as Resistor' and vignette 'The bottom line' which highlight how leaders use both adversarial (threat) and affable (empathy) emotion to influence external stakeholders. In the framework the image of the two faced Roman God Janus is placed as reminder that key to residential care leadership is the capacity to 'look in' and 'look out' side the organisation, finding a way to manage the tensions that may arise in the task of holding this boundary (Obholzer, 1994).

Capacity of the Team: as discussed earlier the findings confirm the centrality of the team in organisational change (Hicks, 2008; Ward, 2009). Leadership plays a role in building the capacity of the team to engage with change. The findings highlight that capacity is developed by both leadership decision and leadership style. When discussing the role of the team in change I referred to Participant 9's use of a red biro (the red biro-ing process) to engage the team in planning the move of a children's home to a new location. The action of producing a document to manage the change and then using a red biro to make corrections gave a licence to the team to change the document. For the manager it was a way of delegating authority to the team. In empowering the team leaders need to strike a balance between supporting the team and ensuring that the support does not promote dependency (Hicks, 2008).

Culture: For Hawkins and Smith (2006, p. 91) organisational culture is 'a connecting pattern that pervades all aspects of an organisation'. The authors also maintain that while culture is a widely used term it is also subtle and elusive. Culture is placed at the centre of the framework because the study highlights how the different elements of the framework work in an integrative way towards the goal of building a culture that supports a residential child care organisation to contain and learn from the emotions evoked by change. The framework is preliminary and one of the recommendations for further research is to further test the efficacy of the framework by applying it to practice. The purpose of the chapter was to discuss the study findings in relation to the literature on organisational change and emotional containment with a specific focus on how the research addressed the objectives of the study. The research confirms that residential child care is experiencing significant change and identifies the emotional and structural implications of events that drive change. While a number of changes (team change, new referrals) are routine, external change, specifically managing funding reductions linked to austerity is experienced as threat to the survival of residential child care. In this context emotional containment was a key

element that allowed Liffey View to remain coherent in the face of external change. This was achieved by the capacity of leadership to contain emotion and build the capacity of the team to engage with change. The emotional work of leading change is helped by the commitment of managers to invest in organisational structures that allow the organisation to reflect on and make sense of change. However, emotional containment theory on its own is not enough to support the emotional work of leading change. Good enough emotional containment is achieved by the integration of emotional containment theory with perspectives from policy, values and management practice. A preliminary framework integrating emotional containment theory with wider perspectives is presented as a framework to support the emotional work of leading change in residential child care.

Chapter 6 Conclusion

In this final chapter I will consider the relevance of the study for the development of theory of emotional containment and its application to managing change in residential child care. I will also discuss the implications of the study for management practice in residential child care. The chapter will also discuss the limitations of the study and opportunities for further study. Finally, I discuss my role in the study by reflecting on the emotional impact of the research on myself and reflect on key learning gained from conducting, writing and defending the study at the Viva Voce examination.

6.1 Theoretical Implications

Ward (2009) and Hicks et al. (2007) writing on leadership in residential child care maintain that there is a gap in the organisational literature, because standard management theory does not fit the relational and emotive nature of residential child care. From this context there is a need to develop management and leadership literature that reflects the relational culture of residential child care. The study is responding to this gap by highlighting that the theory of emotional containment offers a valuable framework for the leadership of change in residential child care. To date the majority of studies on the role of emotional containment in organisational life are mainly conceptual in nature focusing on how the concept can support organisational consultancy or clinical practice. A strength of this study is that by using a case study approach to research the emotional work of leading change in Liffey View it demonstrated the value and indeed limitations of the application of emotional containment theory to an organisation. In terms of value the study highlights that if

emotion is contained it can be transformed into something that can be used for learning and development. The study suggests that the notions of containment outlined in the literature as a 'container', 'facilitating environment' and as a 'frame of practice' (De Gooijer, 2009) helped Liffey View to contain and make sense of emotion evoked by change. However emotional containment theory on its own is not enough to support the emotional work of leading change. The management of change in Liffey View was enhanced by the integration of emotional containment theory with perspectives from policy, values and management practice. The findings suggest the theory of emotional containment could be further developed by integrating thinking from these perspectives.

6.2 Relevance for Leadership and Management Practice

The study confirms that organisational change is a reality for residential child care. The research is important because it highlights the internal and external events driving change. It also captures the emotional and structural impact of change on the daily life of a children's home. It has a value for leadership and management practice because it explores what leaders need to do to contain emotion evoked by change. Looking to the future it is fair to assume that residential child care will be required to respond to organisational change. This assessment is based on the fact that the report of the Child Abuse Commission (2009) outlines a number of key recommendations for reform. The HSE is committed to implementing these reforms and has developed an action plan to implement the recommendations of the commission (OMCYA 2009). In regards to reform leadership is named as playing key role in improving the quality of residential child care. The HSE action plan accepts that for management to carry out this role training and ongoing support is essential. The action plan outlines recommendations which includes a commitment to providing management training for new staff moving into management positions in residential child care. It also includes a commitment to incorporate management modules in the curriculum of professional training programmes in social care. For staff currently in management positions it makes a commitment to developing management training programmes to support managers to better carry out their role. The findings of the study can be utilised to support the professional development of residential managers with a specific focus on building their capacity to lead organisational change. The framework for 'Leading Change in Residential Child Care' is reflective of the culture of residential child care and could offer a good fit with the requirements of the HSE action plan. Also the findings highlight that when it comes to the task of containing

emotion evoked by change, there is no need to reinvent the wheel. Emotional containment at the level of leadership, team and organisation can be achieved by using structures and practices intrinsic to residential child care, e.g. supervision, meetings, consultancy, training (Clough et al., 2006, p. 56). The task is to ensure that training programmes clearly outline the value and importance of such structures.

6.3 Limitations of the Study

The study does have limitations. The fact that the study was principally a case study conducted in a single organisation may mean it is a challenge to generalise the findings. Because of ethical considerations children living in residential child care were not included in the study. Going forward there may be an opportunity to include the voice of children on how organisational change impacts on their living environment and what helps to ensure that change is not experienced as emotionally challenging. These limitations should be balanced with the fact that key informants and triangulation were used to manage research bias and support rigour.

6.4 Opportunities for Further Study

The following are opportunities for further study:

- The framework for leading change offered in the discussion section is preliminary and I intend to do further research on the framework with a group of residential child care managers.
- I intend to contact the HSE to discuss if the findings of the study can form part of their training programmes for managers working in residential child care.
- I am fascinated by austerity and its impact and want to conduct further study into the emotional impact of austerity on the youth work and community work professions.

6.5 Reflexive Self Questioning

The purpose of this section is to reflect on my role in the research process and reflect on lessons derived from the practice of conducting the study, writing the thesis and insights gained through defending the thesis at the Viva Voce examination. The section will explore my role in the research process with a focus on the emotions that the research evoked in myself. I will discuss my understanding of emotional containment now that the research study is complete. I will discuss alternative interpretations I considered in interpreting the material (e.g. flight-flight) covered in

the thesis. Followed by an evaluation of the case study approach adopted to conduct the research particularly how the case study reflects or indeed could be viewed as an ethnographic study. Finally, I used a number of metaphors in the thesis and I want to explore my rationale for their use with an assessment on the usefulness of metaphorical thinking in collecting and analysing empirical material.

My Role in the Research Process

On reflection there is a paradox in the thesis because a study on emotion contains very little discussion about the emotional impact of conducting the research on myself. As discussed in the methodology section during the research I kept an extensive research diary which recorded the emotions I observed and emotions the research evoked in me. The emotions I observed and identified formed an integral part of the thesis e.g. loss, despair, hope, passion. I also recorded emotions the research evoked in myself e.g. attraction to the team, anger as to how austerity was challenging their survival as an organisation, guilt that material which provided rich content for research study (e.g. salary reduction and restructuring) was having such an emotional impact on the team. I also made links between my own emotional state and hypothesised that it offered an insight into what was happening in Liffey View Children's Home. To illustrate what I mean I will offer an example from an observation of a team meeting in March 2011. During the meeting there was a casual comment that one of the residents who was upstairs had a tendency to steal bikes. My own bike was unlocked in the hallway and I noticed that I was becoming extremely anxious and it took all my composure not to run from the room and lock my bike. When writing up the observation I recorded that staff were tired because of the demands of managing a new referral. Staff maintained that because of cuts in the locum budget it would be difficult to manage the new referral and also manage the daily demands of the home. In fact, one member shared that she was considering leaving residential child care because it was too challenging. Writing a note on the observation I reflected on my own emotion of anxiety about my bike and how this reflected the state of the team. While at a rational level it was logical to be concerned about the bike I hypothesised that my anxiety and my desire to take flight reflected the emotional mood of the team exemplified by a staff member who literally was considering leaving (taking flight) from Liffey View.

However, an exploration of what emotion/s the research evoked in myself and indeed interpretation on how personal emotion could be considered as data is somewhat lacking in the thesis. The reason for this absence was my desire to manage research

bias. When conducting the direct observation, I was aware that I liked the team and identified with their struggle to ensure that Liffey View remained open. I was concerned that this likeability could cause me to lose perspective as a researcher and to manage this concern I feel I removed myself emotionally from the thesis. We are products of our personal biography and professionally I trained as a social worker and a organisational consultant, both professions place importance on maintaining a professional boundary, this often means taking steps to ensure emotion does not overly influence decisions. At times it calls for a detached clinical response. In retrospect, I feel this professional experience influenced my engagement with the study. As a researcher I placed importance on maintaining a professional boundary in the assumption the research would be robust in nature. On reflection including a vignette on my role in the thesis or including my own emotional understanding of events in the eight included vignettes would have enhanced the thesis. When writing up the thesis I experienced a significant life event that called into question my capacity to complete the thesis. In many ways my own personal experience reflected the material outlined in the thesis (e.g. struggle for survival) and to finish the thesis I had to contain my own emotion and focus on the task of writing and submission. In completing the thesis, I was driven by the desire to tell the story about the emotional impact of austerity on participants and also provide evidence as to how emotional containment could offer a framework for the leadership of change in residential child care. The motivation was to develop organisational theory that reflected the emotional and value based context of residential childcare, providing an alternative (indeed a challenge) to more rational models of change reflective of managerialism.

My Understanding of Emotional Containment Following the Thesis

The purpose of the study was to explore the process and practice of leading change in residential child care and assess the efficacy of emotional containment in this context. Conducting the study presented an opportunity to better understand the theory of emotional containment and explore if the theory had value in the leadership of change. I made the assertion that the evidence pointed to the fact that emotional containment was of value and played a role in helping Liffey View to adapt and remain coherent in change. The study was an opportunity to identify the elements that support (and indeed hinder) emotional containment in residential child care e.g. capacity of leadership and team to tolerate emotion and the provision of structures that support emotion to be held and worked with to support learning.

The study helped refine my understanding of emotional containment as 'a container' (Bion, 1985) for holding emotion. The container can be a person, a structure or indeed an idea. In Liffey View the ethos of the organisation was something that helped the team make sense of change. In thinking about change the team wanted to ensure that Liffey View would retain its homely environment considered essential for the development of residents. In the thesis I discuss the importance of the capacity of leadership in Liffey View to hold emotions about the potential closure of the organisation from the team because it could destabilise the team. This capacity of leadership to act as a container was important for not evoking anxiety in the team (the contained). When information about funding cuts was shared with the team, there was evidence of how the leadership system contained staff emotions about the impact of funding reductions on job security by using the team meeting to process the implications of funding cuts. What struck me about the team meeting was its potential for learning and change. For Bion (1985) the purpose of the container is to transform emotional experience into thought. In the vignette 'What are our options?' (cf. p. 93) which describes the use of a consultation document to manage shortfall in funding I focus on how anger and frustration of the team about reductions in salary, which had the potential for organisational disruption were acknowledged and explored. This capacity to work with these emotions allowed the team to move from anger to action and agree to changes in pay and conditions. The transformation was not so much the decision to agree to options which changed employment conditions but the capacity to think and make decision in the face of insecurity. In many ways the use of the team meeting to explore the options document was an example of Bion's (1985) description of containment as the ability to 'hold an explosive force within a restraining framework'.

In the literature containment is also understood as 'holding' or 'facilitating environment' (Bridger, 1990; Winnicott, 1960). During the viva voce examination, I discussed how the options document could be considered as a holding or transitional object to support containment. It was simple framework for holding complex emotion and the document was used (across three team meeting) to move from anger to action. I leave the study with an increased appreciation and indeed interest in the work of Donald Winnicott, principally his notion of 'good enough' caregiving and how this can be applied to organisations. A key learning is when it comes to emotional containment in residential child care there is no need to reinvent the wheel. The study affirms the capacity of team meetings, supervision, peer support intrinsic to the nature

of residential child care to act as good enough spaces to hold emotion evoked by change.

The discussion about the nature of emotional containment in the viva helped to sharpen my understanding that the core of containment is relationship and connection. In terms of containment as a process it is relationships that both support and impede containment. In Liffey View trust between staff was essential for ensuring that team meetings acted as safe spaces for exploration. Also the fact that staff experienced leadership as supportive and honest helped to build trust. For Vince (2002) change is unlikely to take place without anxiety and change presents an organisations with a 'strategic moment'. The organisation can engage with anxiety or avoid it. This idea that change presented an organisation with a choice to engage or avoid emotion was interesting. I feel that Liffey View did engage with anxiety evoked by uncertainty about the future of the children's home. When listening to managers and staff the importance of relationship was named as essential in helping the team manage anxiety about survival. The picture of Participant 2 (cf. p.101) is an image which offers an insight into the anxiety faced by the team. However, the image is fundamentally positive and expresses the view that the team would survive. It is important not to idealise Liffey View, the team did have disagreements. Nevertheless, the team did survive austerity and I feel emotional containment played a key role in this survival. By conducting the study, I realise the truth of the perspective outlined in the literature that emotional containment is paradoxical (Krantz, 2001). For emotional containment to happen workers need to feel safe and safety creates the conditions for workers to engage in team meetings, trust managers, use supervision in meaningful ways. The paradox is that organisational change challenges safety and the very structures that support emotional containment. When these structures are most needed workers do not experience them as safe places for engagement. For Liffey View and the key informants I interviewed austerity was an experience that challenged their sense of safety and security. A value of the thesis is that it describes how Liffey View managed this paradox. Again the elements of leadership, the role of the team and the provision of structures to support engagement are important.

When writing the thesis, I was emphatic that there was no leader without a team. Nevertheless, leaders play a key role in building the conditions for containment to happen. When gathering data, I was stuck with stories that in the face of difficulty leaders cancelled team meeting, often with the justification that it was necessary to concentrate on front line activity. My interpretation is that the decision was linked to the leader's desire to protect themselves from staff concerns and protest. Team

meetings, no matter how difficult, are spaces for managing emotion and for engagement. If removed emotion is dispersed into the organisation and can lead to staff conflict and a move away from the primary task. In the study I discuss how team conflict over the management of new referrals ended in organisational closure (c.f. p. 98). At the heart of this scenario is a breakdown in relationships, splitting the team along gender lines, creating a context where staff 'hated each other'. For the participant who shared the story, the decision of leadership not to provide spaces for staff to explore emotion evoked by the new referrals was the factor that promoted organisational closure.

Finally, I was conscious that I wanted to explore how the theory of emotional containment could be developed in a way that would support its application to residential child care. I make the assertion that in organisational change both the relational and technical elements need to be managed. I feel that containment is excellent for making sense of emotion and if emotion is transformed into thought it can benefit learning and development. The theory could be developed by integrating thinking from policy, values and management practice and I offer a framework as to what this integration would look like in practice. The framework is preliminary and one of my hopes for future study is to explore the efficacy of the framework with leaders and staff in residential child care.

Alternative Interpretations I Considered in the Analysis of Research Material

I should clarify, by making an argument for the development of emotional containment by drawing on perspectives from policy and management to support learning I do not want to reduce the theory to a framework for knowledge management. I understand that central to the theory of emotional containment is the capacity of the container to hold both conscious and unconscious experience. As I write I am reminded of a line from T.S. Eliot's work *The Four Quartets*: 'We had the experience but missed the meaning'. The line makes sense because during the research and writing phase of the study I did find it a struggle to name unconscious experience. During the viva examination I discussed this challenge and shared how the use of pictures, diaries and awareness of my own emotional responses during direct observation were efforts to capture the unconscious. In the viva I discussed how the behaviour I was observing could be understood in terms of unconscious dynamics and reflected the concepts of primary process (Obholzer, 2001), relatedness (Vince, 2002) and Bion's (1961) thinking on basic assumption behaviour. I also shared that I included this material in early drafts of the thesis but when amending the work, I reduced psychoanalytical interpretations

because of a concern that I did not have evidence to support my assertions. In retrospect including this material in the vignettes would have enhanced the thesis and I will take this opportunity to discuss my understanding about the role of unconscious process in the study.

A recurrent theme in the study was the decision of the Health Service Executive (HSE) to reduce funding was experienced by Liffey View and key informants as betrayal and contrary to the stated mission of the HSE to protect the welfare of vulnerable children. In essence the experience of having funding reduced changed how Liffey View related to the HSE from viewing the agency as a partner in the protection of children at risk, to a body who by their decisions were a risk to the survival of Liffey View Children's Home. In the study I outline the emotions evoked by Liffey View's actions to manage the decision by the HSE to reduce funding: despair, loss, anger, betrayal of trust. It is also interesting to note that such feelings of frustration, loss and despair are also experienced by children in care. In making sense of the relationship between residential child care and the HSE there is no doubt that issues of power differentials and different ideas about the management of limited financial resources are important. However, the findings suggest that power is not the only dynamic impacting on the relationship. I also feel that the theory of primary process is also at play, central to the concept is the notion that organisations can reflect the unconscious dynamics of the primary work (task) they perform. Normally, these dynamics are made manageable by working to establish children's homes as stable environments that contain emotion and work to promote the growth and development of children. In Liffey View a secure base was maintained through a stable team, investment in supervision and team meetings and through the established practice of working with the HSE to accept referrals in keeping with the culture of the home. Funding reductions challenged the capacity of Liffey View to contain emotion linked to the primary task. Concerns about maintaining a viable team to fears about organisational survival meant that the HSE was viewed as a threat. In the study I observed how the HSE became a receptacle for feelings of anger, frustration, perceptions of betrayal and a fear that to challenge the agency about its decisions would lead to admonishment. At a rational level I could fully understand the views of research participants that reducing funding to one of the most vulnerable groups in Irish society was unjust. However, I hypothesised that these feelings and perceptions could also be viewed as the unconscious dynamics linked to the primary task. The dynamics of confronting the HSE and or staying away in case of admonishment is reflective of basic assumption flight-flight behaviour, based on the

premise that 'there is a danger or 'enemy', which should either be attacked or fled from' (Stokes 1994). I understand that basic assumption fight/flight alters relationships because it breaks connection and we are often less open to accept the vulnerability and indeed humanity of the other. However, fight-flight is linked to concerns about survival and I feel it helped to mobilise Liffey View in the task of self-preservation with a focus on what needed to happen for it to survive. I feel that the vignettes 'How can we go on?' (cf. p.106) and 'What are our options?' (cf. p.98) reflect the dynamics of fight-flight and the steps taken by the organisation to survive.

The study commenced in March 2011 and at this time Ireland was in a very different place. In December 2010 Ireland was financially insolvent and to survive requested financial support from the European Union, European Central Bank and International Monetary Fund (the Troika). Commonly known as the 'bailout', it meant a loss of Ireland's sovereignty over its financial affairs. The bailout came with mandatory conditions, namely significant spending reductions in funding to health and social services, managed through a programme of imposed austerity. In terms of emotion austerity evoked emotions of shame, anger and despair in the Irish people. There was also a belief that the socialisation of private bank debt was tantamount to betrayal, the rewarding of property speculators at the expense of the Irish people. There was a real concern that Ireland itself would not survive. In the thesis I refer to the spectre of austerity and argue the changes experienced by Liffey View cannot be divorced from austerity. It is interesting that perceptions of betrayal, concerns for survival and emotions of despair and loss, experienced at a national level where also reflected in Liffey View and the field of residential child care. Considine and Dukelow (2010) write on the need to produce literature on the social impact of austerity on Irish health and social services. I feel the study is a contribution to this body of literature. Finally, reflecting on the inclusion of alternative interpretations in the thesis I feel there is a lesson about personal authority. The omission of psychoanalytical interpretations from the thesis was linked to a risk of getting it wrong. The application of psychoanalytical ideas to organisations is an area that I want to research further and going forward I will be less reticent about offering psychoanalytical interpretations.

Reflection on Using a Case Study Methodology

I decided to use a qualitative case study methodology because there was a good fit between a case study approach and the research question. Yin (2009, p. 18) defines a case study as 'an empirical enquiry that investigates a contemporary phenomenon in depth within its real life context, especially when the boundaries between the

phenomenon and context are not clearly evident'. Yin's view that a case study is appropriate when the boundaries between a phenomenon and its context are not clear is interesting because although I wanted to explore the value of emotional containment in the leadership of organisational change I was aware that emotional containment was an elusive concept and its contribution to organisational change may not be fully clear. Adopting a case study approach offered an opportunity to investigate in depth (by gathering multiple forms of evidence) if processes (e.g. communication) and practices (team meeting) played a role in supporting residential child leaders to contain emotions evoked by change. Also I could evaluate if these practices and processes reflecting the theory of emotional containment.

A characteristic of a case study is the collection of multiple forms of data and in my case this included: direct observation, interviews, pictures, diaries... In terms of design I was using direct observation to get an understanding of the culture of Liffey View and the impact of change on organisation. The plan was to use interviews to explore in detail what emerged from direct observation. It must be stated that the purpose of interviews was also to gather information related to the aims of the study (change events, emotional impact and leadership strategies and practices for containing emotion). During the viva examination I was asked if the study was really an ethnographic study. On reflection there is some merit in this assessment. Ethnography also uses direct observation, interviews and indeed key informants. I initially wanted to conduct a comparative case study based on the rationale that comparison would allow for analysis of the similarities and differences into how different child care organisations contain emotion evoked by change. While I did get agreement from two organisations to participate in the study, in the end one organisation decided not to participate. To retain a comparative element, I decided to use key informants because comparison is named in the literature as mechanism for supporting research rigor (Hartley, 2004). Ethnography is employed to understand the culture of the group and requires the researcher to immerse themselves in the group. As discussed my intent in using direct observation was to make sense of the culture of Liffey View and observe the impact of change on the organisation. To gain an insight into culture of Liffey View I completed 13 direct observations over a ten-month period. Taking in account how I framed and used direct observation I can fully appreciate how a reader who accessed the thesis could view the research as an ethnographic study.

In defence of the decision to use a qualitative case study approach, I considered direct observation as a method for gathering data which in conjunction with other data

sources employed would address the research question. In framing the research as a single holistic case study my understanding of the distinction between ethnography and a case study is best summed up on the following quote from Creswell (2006, p. 73):

The entire culture-sharing group in ethnography may be considered a case, but the intent in ethnography is to determine how the culture works rather than to understand an issue or problem using the case as a specific illustration. Thus, case study research involves the study of an issue explored through one or more cases within a bounded system.

I was interested in the issue of how residential child care leaders contain emotion evoked by change, towards the aim of ascertaining the value of emotional containment. My assessment was that a case study approach, because it allowed me define a context (residential child care), a case (Liffey View Children's home) and offered an opportunity to explore in detail how the leadership system of Liffey View (embedded unit of analysis) contained emotion was appropriate. On reflection a more explicit discussion of ethnography in the methodology section would have been beneficial.

Reflection on the Use of Metaphors in the Thesis

Reading the thesis, I am struck by the number of metaphors I use in the text. My decision to use metaphors was influenced by Gareth Morgan's (1993) work on 'Imaginization' which explores the use of image and metaphor with organisations. For Morgan ideas about organisation and management can be understood as metaphors or images which lead us to understand organisations in distinctive ways. An image is a depiction of something a picture, photo or symbol, for example Morgan in his work *Images of Organisations* (1997) refers to organisations as machines, brains, cultures, psychic prisons...At the heart of a metaphor is comparison indeed exaggeration, by using similarity the purpose is to make something clear. In the methodology section I adopt Kvale's (1996) metaphor of the researcher as a traveller to guide my own engagement with the study. Similar to the traveller, I imagined the study as a journey with goal of engaging with participants to tell a story about the emotional work of leading change in residential child care.

The view that metaphor helps to make something clear was inviting because a challenge of researching emotion is how to capture something that is often private and elusive. In the literature the use of drawing is named as a way to gather

information about how people experience their organisation and as a method to access conscious and unconscious emotion about organisational change (Morgan, 1993; Vince and Broussine, 1996). I made the decision to explore this perspective by inviting the three managers in Liffey View to draw a picture depicting their experience of change. In retrospect, I feel the pictures did offer an insight into how the managers experienced organisational change and an insight into emotion evoked by change. For example, in Liffey View change was experienced as a struggle for survival (which evoked despair) and a belief that the organisation had the capacity to survive (which evoked hope). These emotions are visible in Participant 2's picture depiction of change with its images of dark broken clouds and a path to the sun (cf. p.101).

Section 4.2 of the thesis includes a lengthy discussion on image and metaphor under the heading 'Images of leadership'. The purpose of the section was to describe findings on how leaders manage the emotional and structural elements of change. Analysing the data produced rich findings into the psychological impact of change on leaders, the impact of containing emotions of change on leaders, social care team perspectives on what works and impedes the capacity of leaders to support the team in organisational change and how leaders manage tensions linked to the emotional work of leading change e.g. balance compassion with need to challenge team members to take up their authority. A challenge of using a case study approach is the task of analysing multiple forms of data. The themes discussed emerged from interviews, diaries, pictures, observations...and organising the findings into categories under the title images of leadership was considered a good way to collate and present data. A way of analysing data in a case study is to return to the aims that guide the study. A study aim was to explore what strategies leaders use to manage the emotional impact of organisational change on residential child care. Again employing the idea of images was a way for example, to highlight what leaders do to manage change (strategies), describe what they think and feel about these actions and highlight how others perceive these actions. For example, Manager as Resistor is an image that conveys how managers resist changes (funding reductions) that challenge the viability of their organisations. Strategies of resistance include using media, legal means and using relationships to influence decisions. Resistance is not without its risks and managers are aware that for example challenging the HSE may lead to sanction. In regards to gaining an insight into the mind of managers the image highlights that managers need to find ways of balancing challenge with the need to retain cordial relationships, a balance between using threat and empathy.

Morgan (1993) maintains that while image or metaphor can help bring clarity they also distort because of their tendency to produce one-sided insight. There is a lesson in this assessment on the use of metaphor for me as author of the thesis. I feel that while the use of images/metaphor helped describe emotion a weakness is that a rationale for using metaphorical thinking is not adequately discussed in the thesis. In retrospect, I should have contextualised the decision to use image/metaphor by offering an extended rationale for their use in the literature review or methodology sections of the thesis. This lack of contextualisation may have led to confusion and limited their full potential in the thesis.

The purpose of this section was to reflect on my role as a researcher and summarise learning and lessons learned from the practice of conducting the study. In summary it covers my key learning for example, my understanding of the centrality of relationship in the process and practice of emotional containment. It also reflects on what worked in the research study, namely, the use of image/metaphor to capture emotion. Finally, it is a reflection on missed opportunities, specifically my decision not to fully outline the emotional impact of the research on myself or explore the potential of alternative interpretations in the thesis.

6.6 Summary

The purpose of this study was to explore the process and practice of leading change in residential child care and assess the efficacy of 'emotional containment' in this context. Using a case study approach, and in many ways telling the story of the impact of change on Liffey View Children's Home, the study highlights that the capacity to hold and work with emotion is an essential requirement for leading change. Therefore, the study maintains that emotional containment is valuable in the leadership of change and outlines the elements that allow containment to take place.

These elements include the capacity of leadership to tolerate emotion and the provision of structures that allow teams to engage with and make sense of emotion. A recommendation of the study is that the theory of emotional containment could be enhanced by integrating thinking from policy, values and management practice. A framework integrating thinking from emotional containment and wider perspectives is offered as a framework for leading change in residential child care.

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Appendices

Appendix 1: Consent Form

<p>Consent Form</p> <p><u>Brian Melaugh 54, Shandon Park, D.7. 0868596442 School for Health. University of Bath.</u></p> <p>Change and Containment’ - a study to explore the emotional dynamics of leading change in Residential Child Care Organisations.</p> <p><u>Please tick the appropriate answer.</u></p> <p><i>I confirm that I have read and understood the Research Information sheet and I have had ample opportunity to ask questions all of which have been satisfactorily answered. <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</i></p> <p><i>I understand that this study has been granted ethical approval through, the School Research Ethics Approval Panel (REACH) of the University of Bath <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</i></p> <p><i>I understand that my participation in this study is entirely voluntary and that I may withdraw at any time, without penalty <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</i></p> <p><i>I understand that all reasonable steps will be taken to ensure confidentiality <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</i></p> <p><i>I understand that any personal data provided will be stored in a secure manner and at the end of the study all personal data provided will be destroyed. <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</i></p> <p><i>FUTURE USE OF ANONYMOUS DATA:</i></p> <p><i>I agree to participate in the study and agree to allow unidentified data concerning myself to be used in other studies and to be used for publication. <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</i></p> <p><i>Participant Name: _____</i></p> <p><i>Participant Signature: _____</i></p> <p><i>Date: _____</i></p> <p><i>To be completed by the Principal Investigator or his nominee. I the undersigned have taken the time to fully explain to the above person the nature and purpose of this study in a manner that he/she could understand. I have explained potential risks and benefits of participation in the study. I have invited him/her to ask questions on any aspect of the study on which they require further information.</i></p> <p><i>Name: _____</i></p> <p><i>Signature: _____</i></p> <p><i>Date: _____</i></p>
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Appendix 2: Information Sheets for Participants

Information Sheet for Research Participants

Title: Change and Containment'- a study to explore the emotional dynamics of leading change in Residential Child Care Organisations.

What is the Research Project?

There is a lot of research which suggests that organisational change has an emotional impact on staff working in organisations. There is also research which highlights that those in leadership positions can play an important role in managing the emotional dimensions which can emerge during organisational change. Currently in Ireland residential child care is experiencing a number of changes, for example reductions in funding etc. Staff in residential care centres also have to manage the everyday changes which are part of practice, for example managing the entry of a new young person into the centre. This study is interesting in finding out how managers of residential centres contain the emotional impacts of organisational change on themselves, their staff, and the wider organisation. In Ireland there is a lack of research which has a specific focus on how managers of residential care organisations manage the emotional impacts of organisational change. The study is responding to this gap in the literature by asking managers and staff, working in residential child care about their experience of organisational change and the role of leadership in managing the emotional elements of this change. It is hoped that the findings will support managers in residential care to better manage the emotional impacts of organisational change on themselves, staff and the wider organisation.

Who is conducting the study?

Brian Melaugh, a lecturer employed at NUI Maynooth is conducting the study as part of his doctorate studies at the University of Bath. Brian can be contacted by telephone on 01-8689377, and/or mobile 086 8596442 and by email: brian.melaugh@nuim.ie

Why are you been asked to take part in the study?

I have asked the Project Leader of your centre for permission to conduct the study. As you are a staff or have a connection to the centre I am inviting you to take part in the study.

What does taking part in the study involve?

If you are **residential child care manager** and agree to participate in the study you will be invited to do an interview about your experience of organisational change, the emotional impacts of change on you, your staff and the wider organisation and how you managed the emotional aspects of change. The interview will last up to one hour and Brian may ask your permission to contact you for a follow up interview. The interview can take place at your centre or at a location which is convenient to you. Brian will ask your permission to record the interview. Involvement also involves agreeing for Brian to attend a maximum of 8 staff meetings. By observing the meetings Brian is interested in finding out how the team responds to and manages the change/s which the centre is experiencing. You may also be invited to keep a structured diary which records your experience of managing organisational change. Participation will require that you keep a diary over a four-month period. It will also involve allowing Brian access to the contents of the diary.

Do I have to take part in the study?

Participation in the study is voluntary. You are free to choose not take part in the study. Also if you agree to take part you may withdraw from the study at any time without any

penalty. You may contact Brian to advise that you do not want to take part in the study. If you do decide to take part in the study and afterwards decide that you want to withdraw you can contact Brian and inform him of your decision.

How does taking part in the study benefit you?

The findings of the study could potentially support project leaders/managers of residential care centres to better manage the emotional elements of change. This could be of benefit to managers and staff who work in children's homes. Better management of the emotional dimension of change could also support staff in their primary task of providing for the emotional wellbeing of children in the care of the centre. By taking part in the study you are supporting the development of a body of knowledge which aims to improve the practice of change management in residential child care.

Are there any risks involved with taking part in the study?

Sometimes talking about the emotional impacts of organisational change can be distressing. If you experience any distress or upset, you will be treated sensitively. If necessary, the interview can be stopped. With your permission you will be asked if you want Brian to contact anyone who can offer you support.

What will happen to the study information?

All study information will be treated in a confidential manner. All information on computers will be saved in a document folder protected by a password. All written information will be stored in a locked cabinet. Only the researcher will have access to the data. To protect your identity and the identity of the children's home, you and your centre, will be given a fictional name. At the end of the study the interview tapes and transcripts, diary records and the notes on the observation of the staff meetings will be destroyed. It is intended to publish the study. Again if the study is published due care will be taken to ensure that the identity of participants and the identity of the children's homes are kept confidential

Has the study received ethical approval?

Yes, the study has been reviewed and received ethical approval from the School Research Ethics Approval Panel (REACH) of the University of Bath.

What if I have a complaint about the study?

If you have a complaint about the study please bring it to Brian's attention first. If you still remain unsatisfied or you would like to discuss the matter with someone else please contact the person who is supervising the study, Dr David Wainwright, Senior lecturer, University of Bath, 0044 (0) 1225 385477

What if I have further questions about the study? if you require further information please contact Brian Melaugh on 01-8689377, and/or mobile 086 8596442 and by email: brian.melaugh@nuim.ie

Information Sheet for Research Participants: Child Care Worker

Title: Change and Containment'- a study to explore the emotional dynamics of leading change in Residential Child Care Organisations.

What is the Research Project?

There is a lot of research which suggests that organisational change has an emotional impact on staff working in organisations. There is also research which highlights that those in leadership positions can play an important role in managing the emotional dimensions which can emerge during organisational change. Currently in Ireland residential child care is experiencing a number of changes, for example reductions in funding etc. Staff in residential care centres also have to manage the everyday changes which are part of practice, for example managing the entry of a new young person into the centre. This study is interesting in finding out how managers of residential centres contain the emotional impacts of organisational change on themselves, their staff, and the wider organisation. In Ireland there is a lack of research which has a specific focus on how managers of residential care organisations manage the emotional impacts of organisational change. The study is responding to this gap in the literature by asking managers and staff, working in residential child care about their experience of organisational change and the role of leadership in managing the emotional elements of this change. It is hoped that the findings will support managers in residential care to better manage the emotional impacts of organisational change on themselves, staff and the wider organisation.

Who is conducting the study?

Brian Melaugh, a lecturer employed at NUI Maynooth is conducting the study as part of his doctorate studies at the University of Bath. Brian can be contacted by telephone on 01-8689377, and/or mobile 086 8596442 and by email: brian.melaugh@nuim.ie

Why are you been asked to take part in the study?

I have asked the Project Leader of your centre for permission to conduct the study. As you are a staff or have a connection to the centre I am inviting you to take part in the study.

What does taking part in the study involve?

If you are a **child care worker** and agree to take part in the study you will be asked to do one interview which will last for up to one hour. During the interview you will be asked about your experience of organisational change, the emotions it evoked and the role of leadership in managing the emotional elements of this change. The interview can take place at your centre or at a location which is convenient to you. You can inform your manager or you can contact Brian directly to advise that you are willing to take part in the interview. Brian will ask your permission to record the interview. Involvement also involves agreeing for Brian to attend a maximum of 8 staff team meetings. By observing the meetings Brian is interested in finding out how the team responds to and manages the change/s which the centre is experiencing.

Do I have to take part in the study?

Participation in the study is voluntary. You are free to choose not take part in the study. Also if you agree to take part you may withdraw from the study at any time without any penalty. You may contact Brian to advise that you do not want to take part in the study. If you do decide to take part in the study and afterwards decide that you want to withdraw you can contact Brian and inform him of your decision.

How does taking part in the study benefit you?

The findings of the study could potentially support project leaders/managers of residential care centres to better manage the emotional elements of change. This could be of benefit to managers and staff who work in children's homes. Better management of the emotional dimension of change could also support staff in their primary task of providing for the emotional wellbeing of children in the care of the centre. By taking part in the study you are supporting the development of a body of knowledge which aims to improve the practice of change management in residential child care.

Are there any risks involved with taking part in the study?

Sometimes talking about the emotional impacts of organisational change can be distressing. If you experience any distress or upset you will be treated sensitively. If necessary the interview can be stopped. With your permission you will be asked if you want Brian to contact anyone who can offer you support.

What will happen to the study information?

All study information will be treated in a confidential manner. All information on computers will be saved in a document folder protected by a password. All written information will be stored in a locked cabinet. Only the researcher will have access to the data. To protect your identity and the identity of the children's home, you and your centre, will be given a fictional name. At the end of the study the interview tapes and transcripts, diary records and the notes on the observation of the staff meetings will be destroyed. It is intended to publish the study. Again if the study is published due care will be taken to ensure that the identity of participants and the identity of the children's homes are kept confidential

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What if I have further questions about the study? if you require further information please contact Brian Melaugh on 01-8689377, and/or mobile 086 8596442 and by email: brian.melaugh@nuim.ie

Appendix 3: Semi Structured Interview Template

Semi-structured interview Template: Project Leader/Manager

Key areas and prompts

(1) Biographical Describe your role, how long in place

(2) Change: Invite the participant to describe the change/s that they are currently experiencing in their role as Project Leader/Manager.

(3) Emotional Impact of the change event/s

Explore the emotion evoked by the change and its impact on

- Self (How did they feel about managing the change, personal impact, impact on role, thoughts, feelings, inner conversations)
- Staff/Team (Impact on staff, feelings evoked in staff, impact on behaviours, impact on team)
- External relationships (perception of external organisations)
- Other areas of the organisation

(4) Containment of Change

Interested how change was managed

Explore how leader contained the emotional impact of change on

- Self (Personal and Professional Resources used)
- Staff/Team (behaviours, structures, supervision, style of manager)
- Project leader/other managers
- External Relationships (networking, information management)
- Other areas of organisation.

(5) Reflection on containment of Change

- Helped you to contain the change
- Hindered you in containing the change
- Would you do anything differently
- **End** Anything else you would like to add.

Appendix 4: Diary Reporting Template and Diary Piece

Diary Record	
Diary entry Date:	Name (initials) Time
Diary Information	
<p>The study has a focus on how residential care managers manage the emotional elements which change can evoke. The following questions may help to think about change and how you as a manager managed the emotional elements of change:</p> <ol style="list-style-type: none">(1) Please describe an experience of change you are currently managed (or have managed in the Past).(2) How did you feel about managing this change?(3) What were the feelings of others (e.g. team, funders, etc.) about the change?(4) What did you do to manage the emotional impact of the change on you and on others?(5) On reflection what helped and hindered you to manage the change?(6) Would you do anything differently?	

Diary Entry 2

August 2011, Time 7pm

1 Change: Review again the current rota and now CC and myself back on line. This is being compounded by news of huge immediate budget cut that wasn't expected and now we manage with these new constraints. **(Types of change: funding and SMT restructuring)**

2 Feel: While I am aware & have been for quite some time aware the change rota shift would come now the actuality of it is here it feels upsetting and unsettling, to myself on a professional and personal level to how we can minimise the disruption in the team, how it will impact on MG & CC again and the query if it will ever return to the original arrangement. **(Impact on SMT restructuring)**

Lot of uncertainty at new role or old role depending. How to balance the roles with previous experience? Unsure and little apprehensive of the personal impact of the change of rota on my personal life. **(Emotion of uncertainty)**

3 Feelings of others: In discussing with staff & boys was mixed reaction. Glad that we had same consistent team member to do the role. Concern for myself from the team at how this would impact both for myself but also on the day to day floor in the house. Positive reception from the young people at my being on shift more which was very welcoming. Reassurance from MG +CC that this did and would work well but also sense of a new development/change again in our working pattern and how we would adjust.

4 Manage impact: Knew well in advance of new rota line i.e. 6-8 wks. Reviewed staff & working lines to see where would start with minimum disruption. Handed over the work that had/was been done in advance so it could be followed up on. New division of areas of work that I had resp for to staff team so workload distributed. **(good planning e.g. management of impact of change)**

5 Helped: had good advance notice of the change, opportunity to discuss and vent emotions and concerns reg same.

Hinder: My own personal mind shift from one role to another, the need to put structures in for myself to ensure I didn't feel or try to do 2 roles at one time. **(SMT restructuring how to manage the boundary and difference between old and new roles)**

Massive disruption to funding did not assist in this sage as it felt it was another change on top of one, an additional concern of where we could cut back +future possible impact. **(Ongoing change-impact of type of change funding cut)**

6 Differently: I am not sure how I would do things differently as so much feels out of my control & scope with these changes. **(control points to unpredictable change)**

Appendix 5: Report of Team Observation

Team Observation 6th July 2011: Team Supervision -Present: Team and external consultant

This was team's supervision facilitated by external consultant. When external consultant opened meeting, Residential Manager outlined its purpose meeting- To allow team to reflect on various changes experienced by team: pay cuts, social service inspectorate, changes in staff roles, impact of child j on team. Also said brought attention different views about how change impacting on SMT.

(name removed) opened by saying felt split in team over how (name removed) taking her sick leave. Off for a month. Team don't normally take sick leave. (name removed) talked about a number of life changing events (death, selling house etc.) and how needed time to manage them. Consultant made link between fact team members did not know about this "not knowing" and communication. Also (name removed) and (name removed) said they were not aware of undercurrent linked to perception of how staff team were managing the change.

Following key themes emerged.

1. Absence of leader and impact. Fact (name removed) sick and out. Also (name removed) sick. Team experienced not been held. (name removed) organiser this named. Real sense of role which (name removed) has in holding the team together and impact of her absence.
2. Roles. Consultant mentioned (name removed) had role of helping team make sense of its experience.
3. Emotion. During meeting emotions of guilt named people named feeling guilty taking sick leave because of its impact on rota and team. (name removed) talked about feeling unwell after an operation and feeling guilty about calling in sick. Also talked about loyalty to street line.
- 4.. Culture of Liffey View as a place which may not be very organised e.g. At team meetings say things but do not carry through on it. However, it is also a place committed to the lads. (name removed) outlined the model which influences LV which is person centred and centred on psychodynamic principles.
5. Team and teams. Talk about expectations and perception of team. Also challenge of working with relief staff. From agency and acknowledgement difficult to break into team. (name removed) talked about team members taking him aside and saying what are doing that is not the SL way. Aoife talked about transition into culture, e.g. Fact knives not locked up and boys allowed in office different from her previous role. Also talked about splits and fragmentation in team. When a difficulty team all pull together.
6. Value of supervision. The group supervision space was acknowledged as important. As a place for dealing with team issues. (name removed) talked about his first week in SL attended a supervision meeting in all Hallows. Struck how (name removed) challenged over her view on one of residents. Struck by this because in pervious organisation manager would never have opened themselves to such challenge.
7. Rote and leave. Discussion on difference between day rota and shift rota. Day rota is easier to manage. Discussion on parental leave and its impact on team.

Appendix 6: Record from Study Journal

15 Dec 2013 Thinking about elements of containment and what are areas that help or hinder

- Values support adaptation
- Practice – supervision, team meeting what makes them work
- Process - communication, negotiation, manager process holding self-awareness, use of peers
- Body of knowledge and a model of practice. Value human and emotional and such are affected by change - how it happens
- Process of surviving and remaining adaptive
- Not always rational but containment is about making rational the irrational
- Manager draws on tacit knowledge community of practice held by trust
- Narrative of stress press and person and environment
- Core purpose why. Linked to passion- tradition of social professions important for coherence.
- Critical Not passive take a stand.

limitations -It's language. No on its own not enough. Need to be linked to other management theory. Purpose of emotional containment is to support learning, Growth and outcomes. Emotion alone =introspection. No emotional work = slippage and emotion affects change. Contagion and group dynamics. Primary risk, parallel process etc. Bion's work turn away from task. Winnicott transitional space and play. Critical emotional containment is a model.

Containment Practice.

Leadership -Containing emotion both by leader and staff- (name removed) statement, offering hope, leading via, trust. said holding emotion, holding information - helps self-awareness, training, support of peers and board, courage

- But need skills- planning and process communication, negotiation presence- builds atmosphere for containment.
- Mixture of Qualifies and resources.

Team-Leadership is collaborative traits not enough also involves commitment provide

- Space and structures - structures of meaning
- Team open but space capacity for thinking and comment to take place. Trust (name removed) via action
- Containing structure. Potential to space and Winnicott notions of transitional space. Also way containment constructed in lit is refers to a lot.

Findings highlight two Elements are crucial provision of structures support team. Management virtue of role authority resources or time. Space Liffey View structures team meetings, supervision and external containing emotional work of team. Built these builds trust.

Organisation- Manager as multifaceted. Boundary to protect org

- Practice of reminding of secure base. Conveyor of meaning -be coherent
- Critical balance of survival- ensure org reflects the core purpose and manage risk of challenge survival might be challenged practice of networking
- Emotions that support primary task Trust, hope, passion
- Managing relationships, projections of others and managing the boundary with internal and external -Janus and osmotic boundary function
- Balancing and sustaining connection
- Glue held Liffey view together was the core purpose survival remained coherent
- Attachment and symbolic value of the core task

Culture-. Secure base manager a role in holding secure base really about survival. Value adaptive SL survived. Safe havens for learning and inquiry value-the identity and coherence of org held Culture support internal integration and external adaptation. Use Schien ideas.

Appendix 7: Example of Coded Interview Template and Record of Nodes Coded

Background Information

Name: Participant 1

Role: Residential Manager of Liffey View

Date: 9th November 2011

Duration: 1 hour

Coded on NVivo- The Transcript is a record from NVivo and highlights coding as I read the transcript. A record of some nodes coded is also included to highlight how the information was used in study.

	Content	Theme
2	Interview with Brian Melaugh (BM) and Participant 1	
3	BM. Thanks very much for meeting with me, and thanks very much also for letting me into your organisation, it's very good of you. So basically there are two parts to the interview - there is going to be a part where I ask a couple of questions and I'm also going to ask you to draw a picture, if that's all right? And it's really, as you know, for the last number of months I've been working, I've been basically observing your organisation and your staff around change. And some of the changes I would have noticed- the first sort of change was around, I think, funding issues, your budgets were reduced and how you negotiated that. That was the first one. I also watched and saw the entry of a child, which I'm not going to name, into the units and the significant impact that that child has had on your established team, and the boys who are in Liffey View, and basically also observe a change around, the Social Service Inspectorate, and how you manage that.	
4	P1. And the shift in staff, of trying	
5	BM. Your changing - basically at that time – (name removed) was going on line.	
6	P1. And now it's (name removed) on line and then (name removed) back.	
7	BM. The first question I want to ask you is around your role, and how long you've worked at Liffey View and your training? What is your role?	
8	P1. Right, the role is to manage a team to be able to manage some distressed young people who have come in to the care through the Health Board. In Residential, which means that we're the last stop, that there is no place to refer from here onto - they're very distressed young people coming into the care. You've got a group of eight people that you're managing and you have to sustain their interest, their ability to work and improve their ability to work, and really to manage them in that, that's one level of it. The other level is to work with the Management Committee in as effective way as possible, which would at times, would be fairly ad hoc in terms of getting them together. Then the third, the other part, would be managing the relationship with the H.S.E. and then of course the external Monitor and the Inspectorate. So there's four.	Participant 1s views on role of manager- outlines various areas Emotional context of care
9	BM. Your current title, is it Director?	
10	P1 My title would be Residential Manager. And then you've got the Aftercare as well. So you've got the Aftercare for the post 18's and then we've got the project which emerged out of nothing for the unaccompanied minors. That is the unofficial role.	
11	BM. So in terms of your job, you're the Residential Manager of Liffey View. How long have you held that role?	
12	P1. January, 2000 - nearly eleven years.	Time in role
13	BM. Did you come in to Liffey View and take that role on or where you part of Liffey View?	
14	P1. No, I would have come from Addiction Services, so I would have gone from (name removed) which was a Crisis Intervention, this was in the last 15 years of my working history, but I mean (name removed) was a crisis intervention for kids coming off the streets to the addiction services for under 18's, and from there back in to residential. So I was residential, went out of it and came back in.	Person-role - work history and move into residential
15	BM. Any else you'd like to say about your background or your experience which you think is relevant to this part, which is just actually telling us who you are?	
16	P1. Well Liffey View was the first organisation I would have been in a Management role. Prior to that, I'd probably been involved in Human Rights kind of work right from the experience of the family in childhood. My father would have been very much into Human Rights, not in the Social Activist sense but just in working with the poorest of the poor. I tried to leave that by going into just a normal run of the mill degree and tried to find my space in the world but found myself moving back towards the human rights. So when	Personal biography - human rights perspective- calling notion of

	I was living in England, although I was doing a normal degree, I was working with street children there, and became quite actively involved in street children and in psychiatry. The work in the mental hospital, in the Psychiatric hospital was to fund my studies, but it gave me a huge insight into mental health and the issues around that. I was working with homeless children in Africa as well, I did that for a while.	social Professions-values and Emotion of Passion
17	BM. And the time from 2000 until now?	
18	P.2 000 till now, but I would have started working with street children when I was still in college. Like I started off doing a Social Work Degree, and while I was doing that degree that's when I was working with street children, and became very active with those kids. So that was the start of it. That's like 19/20 years ago.	
21	BM. Now, to move on to Liffey View- I am interested in looking at change, the emotional impact of change and how that is contained - and I think you understand that from your background, what I mean by that word.	
22	P1. Yes.	
23	BM. But I would be interested if you could tell me, thinking about a change in Liffey View a change you have managed in the past, or you are now currently managing?	
24	P1. Well what I'm currently managing is still in flux , so there would be no conclusion. So I don't know whether that would be useful or a past one	Flux-ongoing change
25	BM. Let's start with that. Let's start with were you're at?	
26	P1. Okay. where we are at We've got the young man, we'll call him 'J', right.	Type of Change- New Referral
27	BM. Yes.	
28	P1. And 'J' came into the service the same young person who you would have seen impacting on the team in quite a significant way . Now, since then there is a new Childcare Manager in the Health Board, I don't know how new he is but he's new to me, and he would have come over with a reputation of saving the HSE thousands of Euro's.	Impact of change on team Perceived change of culture in HSE
29	BM. Is this..... (name removed)	
30	P1. No, this isn't (name removed), this is (name removed). He's nicknamed around the corridors as Mr. No. Because he says 'no' to everything. (laughs)	HSE-change of personnel
31	BM (Laughs)	
32	P1. And this would be our current experience. So it became evident that 'J's baseline behaviour was changing and that he was moving swiftly back into crisis . Round about the 28th October, so I made an application for extra funding because I knew that we were going to be in for a period of extreme flux , and the extra funding would be needed for waking night staff, because his time of acting up tends to be between one and five in the morning. This was denied . We were told, very clearly, that if he absconds let him go, and call the guards, if he self-harms just send him up to the hospital and no extra staffing is required.	Actions to manage new referral- application for funding to cover locum staff. Impact on team -acting up between hours Risk -Self-harm Emotions -crisis Perceptions of HSE-Why did they say no?

33	BM It's a very....	
34	<p>P1. It's a very dismissive and it doesn't understand the complications of the case. So the staff team would have then decided that whilst in crisis that they would come on shift, do Waking Night, and continue to do Waking Night and continue until 'J' sleeps or is in hospital, or whatever might happen to him, and try and catch a couple of hours' sleep. It also required that I came in during the night to do third person when it just became too overwhelming for the team. So we had ten days of increased self-harm, with the intensity of it increasing, whereas before 'J' would have self-harmed in a way that would just be cuts, he was not doing cuts that needed stitching. He was planning to scald himself with an iron, planning to hang himself, and on the last night tried to set himself alight. So we were constantly at loggerheads with the Health Board. At this stage we were saying, look if we're going to keep this child alive we need extra staff, you know we were consistently being told 'No' - just call an ambulance, you know, so we decided that our only alternative was to go to a solicitor - now we were thinking of going to a solicitor prior to this, giving the non-response of services to offer this child a service, and we held off in agreement with the social worker, so we told the social worker that we were planning to go to the solicitor. This was kind of off the record, but it was formal enough to inform that she knew we were planning to go to the solicitor because we were getting nowhere with this case, and that the senior management in the HSE were not responding to our requests for a meeting. She asked us to hold off until the 15th November to give her a chance to cross all her I's and also to give her a chance to try and seek the same services we had failed in seeking. When his behaviour escalated into this high risk, and we were denied the extra staffing we asked (solicitor name removed) to step in. This he did, he's very fast in responding and we got a very quick response from the H.S.E. - I've never seen them respond to anything as quick before in my life, where they were asking, they were saying, 'look, why are you doing this, we don't understand why you possibly want to do this' and 'that it isn't going to achieve the aims that you are seeking, what's going to happen is it's going to make the relationships adversarial and that nothing would be achieved with 'J'.</p>	<p>Change- NR</p> <p>Impact on Team-crisis and endeavours to manage-overwhelming</p> <p>Relationships and change-loggerheads with HSE</p> <p>Risk-significant self-harm</p> <p>Action-Strategy- Use of Solicitor to influence the HSE</p> <p>Emotions- of disappoint (HSE) and adversarial</p>
35	BM Put at Risk?	
36	<p>P1. Put at risk the relationship and a subtle hint of putting at risk the ongoing funding. So in consultation with two members of the Management Committee, (names removed) advised better pull solicitor back to see whether the Strategy Meeting I'd being trying to get for months and weeks, would take place and have him as an idle threat in the background. So I tried to draw on my relationship with the Team Leader and say to him look that I understand what you're saying, cause he was saying <i>"look all that's going to be achieved is that I am now going to be now Micro Managed by guardian ad litem to tell me to do things that I already know I should be doing and it's going to cause more stress than is required, we now know where we stand with this young man and we will do it, can we do it outside of court"</i>. And he was appealing to the historical relationship that Liffey View has with HSE. So we strategically decided to try and build on that and say it's okay, you know, given our relationship I'll call this guy off, right, which gave us a bit of breathing space and also gave us some strength in it and at the same time not hanging ourselves to enter into adversarial relationship. From there the strategy meeting that I'd been looking for, for months is now going to happen tomorrow morning, so it's amazing what a letter from a solicitor can do and for the first time the senior management are actually responding to emails. Now I had tried to 'phone (name removed), who is the Childcare Manager, prior to me engaging with solicitor (named removed), because I felt that the response from the Alternative Care Manager and the Team Leader that we were not going to get funding when I clearly knew this kid could be at serious risk of serious self-harm that could lead to death, but she was too busy, didn't respond, but she responded today. Now her response today was quite interesting. She apologised for not having responded and is willing, is taking on at some level responsibility that had she responded to my 'phone call prior to all this taking off, that the calling in of the solicitor may not have needed to have happened, because she could have affected some change. However, she's also indicating that this 'Mr. No Man' is quite displeased at the fact that we even thought of this and that, like she is having to do a lot of mopping up to save Liffey View. But she said she didn't think that would be a problem but you're dealing with that threat, you know, that threat in the background and if you are going to go to any</p>	<p>Risk-relationship with HSE -Risk to funding</p> <p>Relationship-use of relationship with HSE to influence</p> <p>Strategy- call solicitor of</p> <p>Strategy - Impact of solicitor in moving HSE towards action</p> <p>Impact on relationship with HSE-Risk of closure</p> <p>Emotion-Threat</p>

	extremes to fight for the needs of a young man that you could end up being closed down. It's a big risk.	
37	BM. You mentioned earlier that you've got the philosophy which is every child matters, you've got the H.S.E. which is responsible for child care saying we are not giving any funding you tried then to use a solicitor, a legal thing, but the fear is if you do that you could, I suppose, end up getting your funding cut.	
38	P1. And end up no longer existing.	Risk-closure
39	BM Yes, so I'm interested in you, how do you manage that, as a Manager?	
40	P1 Well on a personal level it's like if people don't take risks then nothing is achieved. If you're too scared of risk do you end up sitting on the fence and don't effect change. In this case this young man, unless we take the risk nothing will be achieved, and I know the risk is our closure but the sitting back and allowing that to happen, it's not only what is politically the right thing to do, it's what is the right thing to do morally. You know, in terms of Human Rights.	Risk -and the cost of risk Ethos -Human Rights
41	BM How do you make that decision. It seems to me what you are looking at in Liffey View, you're making a decision around what basically could - for a young lad, that young person, well it could end Liffey View. How do you negotiate those very challenging positions?	
42	P1 You see we had the same thing with the Galway girl with the unaccompanied minors.	
43	BM And you went to court with them?	
44	P1 On one, (laughs) I know it sounds daft, you have to trust that if you're doing stuff that it's right, it's going to be okay.	Ethos -Human Rights- Trust
45	BM. And do you think that your position is the team as well? That position that you have, is that in the Board, in your team, in (name removed), in (name removed) and all that?	
46	P1 Well people are very scared for their jobs, but if what you're doing isn't right, is there any point in continuing. You know, it's one thing holding a value, it's another thing when it comes down to the crunch of if you don't stop we're going to pull the funding and how you'd respond to that. We're getting very, very close to that now, we're right at the edge. And then if you do close down nothing will be achieved for the young man because he'll just go in to the run of a mill, so what will be achieved by holding on to a value? We certainly took the risk with the Galway girls and it worked for us. It's a hard one; you try to hold on to the value for as much as possible. Now the value is certainly there with the Management Committee, you know, say (names removed) and sort of other members, I'd say would tell the Health Board that they are no longer wanted, you know, they don't want to run the place on the grounds of what is right then they don't want to run Liffey View anymore, because they're not dependant on the salaries. You know so they can take up a more moral position, whereas I would share a lot of that among my staff team. My staff team are looking at their livelihoods. But the Management Committee that exists, I think would take what is right first to the livelihoods of the staff team. That would be my current belief.	Risk and Uncertainty -Jobs at risk Value clash v do right thing or compromise so to protect the organisation - ethics of care v justice.
47	BM. And can I ask you the impact of that on you? You mentioned the impact of managing 'J', trying to manage also the 'J' staff, and then negotiation thing what the Management Committee considers, what the staff consider, in relation to the H.S.E?	
48	P1 I probably would thread a lot more carefully if some of the members of the Management committee were dealing with the H.S.E.	
49	BM Yes.	
50	P1 The building on relationships within the H.S.E. is crucial and some of that 'building of relationships' is trying to get some sort of rapport outside of the, just the professional stuff of what you're dealing with at the time. And then if that can be achieved then discussions can take place,	Relationship building with HSE-central -

	like with say, I know a little bit about each person's lives, of the people that I'm dealing with, and can check in, you know - how is your Dad, you know that you can draw up something.	making connections
51	BM Personalise it.	
52	P1. Personalise it. Draw on something outside and I think that, I don't know whether the counselling course helped me in terms of being able to access that kind of personalisation or access that kind of information and to be able to be, in some way, be empathic when dealing with them, that it makes it easier then when things become difficult and they don't want to go into the stage of punishing, because they kind of like us.	Emotions of empathy -use in a way that HSE don't punish.
53	BM Yes.	
54	P1 and like Liffey View.	
55	BM You've a personal relationship?	
56	P1 That there is a personal relationship, even though it's constructed to a certain degree.	
57	BM Do you think that they respect that you've challenged them about. Because you're essentially telling them to take up the responsibility, in some way. It is their responsibility to provide...Do they respect that?	
58	P1 There're too distressed at the moment.	
59	BM. In terms of looking at this Doctorate which is about looking at emotions evoked in change, looking back at your experience with child 'J', what emotions does that evoke in you, in the team?	
60	P1 Well when you go into crisis mode you go into clinical mode. So my focus for the team became them having access to sleep. I kind of knew in the background that the team had the skills to keep him alive, that I had a good enough team to keep him alive and that was there, even though they were dealing with very difficult behaviour. But I also could see the impact of their lack of sleep. That became a focus on making sure that when they got home they were able to get sleep. So something as basic as cancelling the team meetings on Wednesday, so that people don't have to come in. The decisions to come in during the night, when I could send someone home if they were feeling overwhelmed, and you can sense that on the phone because you'd be on call the whole time, so you'd be very aware of what's going on and being able to read at what point you need to go in and be a third person. And also doing a lot of debriefing after every episode, spending time with them individually and in a team, and in a hand over, debriefing what they saw, what it felt like what they saw, what it felt like when 'J' was cutting himself and wouldn't give the knife back, you know, the frustration levels of having to call the guards in to try and get the knife off him and the guards were always quite, for the most part, were very unhelpful, and didn't like being called in for this kind of activity and put the staff team under a lot of stress. So acknowledging that stress, that the guards put them under, then showing them that it would be dealt with at a more senior level when this resolves and making sure that when that happened that they took the names of guards, and even that action of making them take the names of the guards and the guards number automatically gave them a sense of power because as soon as that was asked the guards would back down. So you know little strategies of how to deal with them. And when we're dealing with the matter, that the matter, you know taking the names of people that they were dealing with, saying we are asking you to do this and if you are refusing please give me your name. And that was something - not all the team would have the confidence to do that - because when dealing with other people, particularly with strong personalities	Balance- Crisis to clinical mode. Emotional to rational. Belief in team - in experience to manage referral Manager as presence and support - coming into support team - holder of emotion Practice/ Process- debriefing Emotions- overwhelming, frustration, stress

61	BM. And what about yourself? Because it seems to me the emotional impact on you, what steps do you take to contain the emotional impact of working with change on you?	
62	<p>P1 Well it would be fairly highly stressful because you're also sleep deprived, as well, and then of course I've got a family that I go home to, with young children all the time, which requires quite a lot of energy. Part of it is that I don't pretend to the team that I know all the answers, you know, so it's a shared kind of stress. It's not like - <i>here comes Participant 1, she's going to sort everything out</i> - and so tapping in to the members of the Management Committee by 'phone, keeping them updated, so it becomes almost like a debrief in itself. That other people know what's going on and they also know how I'm trying to manage it. So you'd have that outlet. The walk home would be quite a good time to adjust from being in a high crises situation in Liffey View towards getting into 'home mode'. Sport is another big one - I've gone back into the Marital Arts and I do that as often as I can and</p>	<p>Impact of change on manager- stress and balance family life with impact of work</p> <p>Practice- ways of getting support- Management Board and personal ways</p>
63	BM. Would you have External Supervision?	
64	<p>P1. Of course, External Supervision, which in these sort of crisis the directions would be more regular but you often don't find time for that. You've also got your core group and a team you've got a long, long term relationships with, like the core group, we've been together now for ten years, so it's a shared kind of 'okay this is what's happening' so it becomes a group decision making process, so not all the focus is on me¹. The focus comes on me with the HSE. So now that the strategy meeting is coming in tomorrow I'm ensuring that one of the Management Committee are there which me, because I know that there is going to be an avalanche of frustration from them. And trying to manage that. Em the conversation that I had with (name removed) is useful because I'll be going to her straight after the meeting and I'll have somebody to say well okay this is how the meeting went. This is the letter - I've been asked for a letter - and again the Report Writing becomes quite good because when you're writing reports you're really getting the clarity in your mind and you're going from chaos into actually putting it down onto a piece of paper.²</p>	<p>Practice/Processes to support change- Experience and viability of the team</p> <p>Support manager- report writing</p> <p>Manager- giving power to team 'distributive leadership'</p> <p>Also building confidence of team to take up authority</p>
67	BM. Now, I've looked a lot a child 'J' and it's been a very good synopsis, for example, of change in different levels of the organisation. The impact on you, the staff right through to external relationships. Crystallising very quickly what is the true purpose of Liffey View, because you talked about values and you made an interesting comment there - where really you have to believe that this is the right thing to do, which of course brings you into conflict with the HSE. Apart from that is there any other change which you would like to talk about, or are you happy enough to stay with that?	
68	<p>P1 No, the significant change would be change in the - I would have had a Deputy, and an Aftercare worker and I no longer have the Deputy because the funding was pulled for that. That's had a huge impact not only on myself but also on (name removed), and on the team³. Because having a Deputy - when you're working in an organisation that's very dependent on goodwill - because you don't clock in at a certain time and the skills base that you're asking of your team is very much bringing themselves as people into the organisation, and not just professionals, they come in as human</p>	Type of Change- Change in Senior Management Team (SMT)

	<p>as they possibly can to work in a humanistic kind of environment - and to do that you need to have a lot of goodwill. Goodwill can be fostered by, if you have a flexibility to allow people to come in late, or to go early, or to maybe take their mother to a hospital appointment if things are quite, or to take their dog to, you know, to incorporate bringing their dog for a walk - a lot of goodwill can be achieved by that. With the loss of (name removed) on one level that flexibility has been moved so and there's not a lot of giving back. Whereas before, you could always give back. When people have given more than what is required you give back by time. I don't have that anymore, and (name removed)'s also very strong administratively and that's probably my weak point. I'm good at conceptual thinking but in terms of the kind of banking, and the petty cash and the faxing and stuff like that, the administrative task, I'm not very well organised and that is my weak area. So the loss of (name removed) with that brings up a certain level of anxiety for me because I'm going to have to take on not only the thinking role, the supervision role, the negotiating the external relationships role, but also the very mundane tasks of the unit, which are time consuming and stuff that I struggle with anyway, because I just don't have that organisational piece. But I found that by communicating that anxiety to the team, as a team, there is a willingness of, 'well I can do that part, and I can do that part, and I can do that'...so everybody is taking on a little bit more, and again it's, I think, one of the things that are quite effective for me as a leader, is not pretending I know the answers and having quite a flat management style that 'we're in this together and we have to try and work within the circumstances we have together and nobody has all the answers, and nobody knows how best to do it, we can only work that out between ourselves'.</p>	<p>Goodwill and its importance for motivating team- this is reduced because of SMT change</p> <p>Impact of change- loss of management skill and having to take on more roles</p> <p>Emotions -loss, anxiety</p> <p>Style of leadership- Empowering and distributive</p>
69	BM. And (name removed) now has moved back on line, and (name removed) is now back - (name removed) is back on line as well now, is she - or is she back managing with you?	
70	<p>P1 (name removed) is doing the Aftercare, but she bases herself in Liffey View which is another head to work with. But like, one of our staff took off sick yesterday, probably from the frequent waking nights, and we don't have the funding to be able to cope with sick leave, so (name removed) then stayed on to do the shift. So again, you're seeing a high level of flexibility amongst the team, which if I don't manage to keep that ticking Liffey View won't function on the level of funding.</p>	<p>Impact of change on team- Sickness and stress</p> <p>Impact of austerity on organisation - survival</p>
71	BM. And when teams are going through periods of crisis and a lot of stress, how does that impact on teams?	
72	<p>P1 It's impacting on teams - when the team are pulling together quite a lot, there is a lot of frustration that is aimed at the book keeper. So rightly or wrongly the bookkeeper gets a lot of the scapegoat, because she is the one who does the final amount that people get paid and there has been some inaccuracies in that and some difficulties in that, so it becomes a scapegoat, rightly or wrongly that the team has at the moment. Now that has to, you know, the book keeper needs to be protected in that. Em and you know, I do the best I can to say to her '<i>look this might be what is happening, that a lot of the people's frustration, have nowhere to go so you might find them focused at you</i>', and just try to support her on how to manage that, and hope that her figures are right. Now when there is a lack of confidence on whether those figures are right, it causes more stress, and that is an underline thing that is going on, which hasn't yet been resolved. I'm trying to find a quite enough period to resolve it, but with all the funding changes and all the - nobody really knows what is actually meant to be right. So all of that's still</p>	<p>Type of change- change in SMT</p> <p>Impact on team- dynamics of splitting</p>

75	BM. You've experienced quite a lot of change, what do you think, helps with containment, what helps to make the changes you've experienced, manageable?	
76	P1 On the briefing that helps is that it's not - it isn't a decision of our Management Committee against the Team. It's external. That's a big help, that it's not something that anyone has control over. If it was just a notion by the Management Committee then there would be war, I'd have a mutiny going on. I think the fact that it's also a recession in Ireland and people can see it happening all around them, it's something that people are anticipating. Rightly or wrongly people also - they don't want to lose their jobs - so you've got that combination of things that makes it easier	Fact change is external means staff feel that it is not in locus of control of manager
77	BM So there is a wider environment of risk?	
78	P1 There is a wider environment of risk and that it's happening to everybody. The insecurity keeps <i>'I'll do whatever I can to keep my job'</i> . And there is an attachment to the boys. ⁴ So there is a thing with the job, but I think people do have a strong purpose and that they are there for a reason and it's not just a job, you know, the work in Liffey View goes beyond a normal job.	Driver of change – recession Ethos of team- loyalty and purpose
79	BM One of the things I would notice from doing this, is that there is a real strong move to actually ensure that whatever happens doesn't impact on the lads	
80	P1. It's their home. Yes. Well the strong ethos of Liffey View is that we reproduce a good enough environment and if that good enough environment is impacted on then we're going to lose the stability of the children. It has to be a good enough environment. There needs to be food in the fridge every time they open it. There needs to be meals provided every day. That home base.	Core purpose- good enough environment and potential of change to challenge it
83	BM What you're been challenged with, is your very basic security, trying to hold the security for the kids, is - there is an understanding - what doesn't help manage contain change?	
84	P1 the lack of confidence of the book keeper would be one thing, you know, because I don't have the skills to know whether or not that is accurate. That's one big thing that makes it difficult and I should have the security, and I should be able to know - there is a sense of frustration with me in relation to that.	Change not work- book keeper not carrying out role Emotion- Frustration
85	BM Is it in yourself, or is it?	
86	P1 Frustration with myself, but also from the team that em...	
87	BM That you should know.	
88	P1 That I should know whether this is right or not. And every time I'm going - I'm going off and checking with the person who is making the.....potentially the person who may not know, but claims to know, I don't know - do you know what I mean? But when it's a weakness in me it also becomes a problem when people are over stressed and don't get their sleep, that is a huge one and that the staff team are under a lot of stress that if they are sick they feel they still need to come in, because Liffey View cannot afford sick leave. So you've got people saying I can't come in, but I'll pay you back a shift. You know, but they should be able, if they are genuinely sick to be sick and then you have people feeling guilty for being sick, so their attachment to the place and the goodwill can create its own sort of problems when you can't respond ⁵ - I can't respond in an appropriate way, because the appropriate way to respond is to say, <i>"look you're sick, go and be sick and come back when you're better"</i> , you know.	Impact of change on manager -doubt Impact on team stress, and not resources to take sick leave Emotions- guilt, stress, attachment

89	BM but you can't say that to them?	
90	P1. And I can't say that. No. You know when I first hear someone is taken off sick I'm going " <i>Oh what's wrong with them</i> " (laughs) you know, the internal dialogue. But having to contain that and say " <i>Okay let's respond, let's work something out</i> ". And these are the sort of things that are putting the team at risk. We also used to be able to bring in some outside people to do a bit of training with them, to access some of the external training, you know the H.SE do offer external training but you have to take people off the floor to do that and we don't have the staffing to replace them. So the funding is so low that we can't send people to train and we can't afford to bring people in so you've got the thing where the pressure is then on me to keep the staff motivated, to keep the staff fresh.	impact of change-Team Practice support team-training-funding cuts challenge ability to train team necessary for motivation
91	BM Going forward, what would you need to manage the emotional impact of change, either in you, the organisation or the team? At this point, over the last six months, I suppose this change...	
92	P1. I need all the things that I don't have, at the moment. You know, which would be the things that would keep the team stimulated. And to keep them nurtured. The young people of the team are kept, if the team are doing well, and the team are feeling secure, and feeling nurtured, you've got the mirroring with the young people. Okay we've got 'J' out of control at the moment, but he's now back to base line, only after ten days. You know the previous 'out of control' lasted about three weeks, so we can really see that there is a better containment than what there was before. Crucial to working in Residential is having your staff team working well together, and moving forward is really just building on that. Now I've had the same, mostly the same people for the last eight, nine years, so relationships are very strong and the loyalty is very strong, but moving forward the flexibility to be able to continue to nurture - I don't know if I can really...	Resources to manage change-Team and their capacity central Resource-relationships and loyalty
95	BM. And the last question is, looking back would you do anything different?	
98	P1. I'd say the way that I structured the initial, kind of (name removed), (name removed) and myself, our little Management group, that structuring works very well for me and for (name removed) and (name removed), it mightn't be as effective for Liffey View as it could be. Em and because we had very good people, the decisions on the hours that they worked was because they both lived far away. Now ideally what was needed was for someone like (name removed) to come in at four in the afternoon and stay until eight/nine in the evening. Now asking someone to work those sort of hours is difficult, to find someone who will work those hours, but there're the hours that are probably required for the job. I'm moving more towards saying to (name removed) that these are the hours that are needed. So a lot of it, particularly the shift work and residential, whether the hours on shift work that people do are to meet the needs of the staff or the young people, which needs comes first. You've got two very good people, because of their distance, there needs are trains and commuting, but if I was to look at it differently I would have structured that differently. But I would have structured that threesome better. The extra staffing, the Deputy position, it didn't require a full working week, it required probably a part time position, so the structuring of the hours, I would have changed that. I think we're moving more towards the change that I desire now, but it probably should have happened quicker.	Do Different – Restructured the team differently - organisation before people needs.
101	BM Is that, I hate say this, but the change, is there a positive element - the change you mentioned there, moving towards something that was desired?	
102	P1 You mean all the changes in the Health Board and stuff like that?	

103	BM No that change you mentioned there, you know, it's probably moving <i>towards the desired..... (48:33)</i>	
104	P1. It's moving toward saying "look, we can no longer do it based on the needs of the staff, we need to base it on the needs of the unit. And this is the needs of the unit, and we really need to work towards that rather than saying to somebody either you work these hours or you don't". So then somebody else will do it, so it's working towards that.	Do Differently- move needs of staff to needs of unit
112	BM I never tell anyone - Of course I don't tell people. How do feel about change and your experience of how the change has - how you feel about it. Could you draw a picture of how you feel the experience has changed, and the experience of how the change has been managed? And draw a picture of how you or others are managing. It's mainly about you, so that's really it. It's easy?	
121	P1 Just give me one colour.....Are you leaving that yoke on while I mumble about this task?	
122	BM Of course. It's fantastic stuff.	
125	P1 Well, the bottom one is an image that I use in my head all the time, but I can't draw it.	
126	BM Why not?	
127	P1 Because I can't draw. It's not even square. That's supposed to be a square.	
132	BM. And what does that mean?	
133	P1 Chess game.	
134	BM. Why did you choose that image?	
135	P1 Because it's the image that's often in my head. Of a Move.	
136	BM Oh so it's about strategy?	
137	P1 Strategy - It's making moves and just seeing how the other side moves and then planning your next move. Because if I don't come out of my emotive responses and go into a game playing position , that it becomes too difficult to make a move - Does that make sense?	Manager as Strategist -need to use emotion and reason
138	BM Yes. So you're saying to me....	
139	P1 I let my fears get in the way.	
140	BM So you're saying if you let your fears get in the way that is it a rational space...	
141	P1 It's a rational space, yes, because I'm dealing with emotions all the time . We are dealing emotively all the time. You're responding to emotions all the time. That if I'm going to be managing this I really have to come out of the motive response and yet use my skills of connecting with people all the time, so a lot of the pawns would be trying to use the connections.	Change is emotional -role of manager to make connections (Pawns)
142	BM. Very good, and tell me, on this image, where is Liffey View.	
143	P1. Oh, Liffey View's behind me. (Laughs)	
146	BM. So this is your side of the board, is it?	

147	P1. Yes.	
148	BM. And this is...	
149	P1. This is the external, but the Management Committee would be in here.	
150	BM. Yes. So the pawns are here then and....	
151	P1. Yes, because I wouldn't see myself as strategising with the Management Committee . They wouldn't be someone I'd strategise against. They'd be the ones that I'd kind of look back to and see, almost like another set of pawns, in the background. They're not really pawns, the Management committee are my Think Tank. Can you write on these drawings?	Role of management committee as a support to manager
152	BM. Oh yeah, go ahead. It's your drawing, you can do what you like.	
153	P1. Now, I've got a huge regard and respect for the people for the minds, you know not just the individuals but the minds of those individuals, and I also know that those collective minds carry far more experience than I've experienced I don't pretend to be the only one who comes out with all the thinking, you know I really do use that Think Tank, and whenever things are vulnerable I'd be 'phoning somebody on that.	
156	BM. Are they a particular external environment?	
157	P1 That's the HSE and other service providers, and it is a battle that you're doing and the young people would be firmly.... say the young people would be here.	Strategy as battle
158	BM Yes.	
159	P1. Boys, they'd be here, the girls would be here. The Liffey View Community would be there.	
161	P1. So I do, I often bring a Chess Board into my thoughts - it's an image that I use to bring me out, to bring me into a more, I suppose kind of business head, a less emotive head.	Strategy-managing emotion and reason
162	BM. A Metaphor?	
163	P1..A Metaphor, yes. I'm not very good at chess but I think the image is a very good image. Because you're having to look around you, who are your resources, who are you're back-ups, who are the people you can tap into.	Manager -image as a chess player on a chessboard
168	BM Moving the chess board.	
169	P1 The chess board's an image that I use a lot.	
170	BM That's all the questions I have, unless you've something else you want to say. Is there anything else you'd like to add to?	
171	P1. Is there anything else that you need within that?	
172	BM No, if there is I'll come back to you. But I'm very - I mean I think in terms of all the change, one thing I have observed that there seems to be a vision or dream,	
173	P1. Yes, vision for Liffey View That's what holds it together.	Ethos -Vision as glue

NVivo Template -Nodes Coded

Node	Number of nodes coded
Nodes\\Cases\\Interview with P1	160
Nodes\\Coding for display of findings and interpretation\\Emotional Impact of Change on RCC\\Emotional Impact of Change on Team\\Challenges and opportunities\\Flexibility a way of affirming value and now its challenged	48
Nodes\\Coding for display of findings and interpretation \\Strategies for managing the emotional Impact of change\\Myriad of emotions of change\\Negative emotions	56
Nodes\\Coding for display of findings and interpretation\\Strategies for managing the emotional Impact of change\\Strategy for managing the centrality of holding and been guided by ethos	44
Nodes\\Coding for display of findings and interpretation\\Vignettes and Quotes \\possible quotes in final text	58
Nodes\\Open Coding indexing \\Change is an emotional game\\Types of change	42
Nodes\\Open Coding indexing \\Containment and its value\\Containment Practices and Processes	107
Nodes\\Open Coding indexing \\Emotion and change	82
Nodes\\Open Coding indexing \\Emotion and change\\Emotion experienced as challenging	74
Nodes\\Open Coding indexing \\Emotion and change\\Risk and Survival and Hope	47
Nodes\\Open Coding indexing \\Impact of Change\\Impact of Change on Organisation	46
Nodes\\Open Coding indexing \\Impact of Change\\Impact of change on team	50
Nodes\\Open Coding indexing \\Impact of Change\\Impact of Change perceptions of change	83
Nodes\\Open Coding original \\Containment Practices and Processes	107
Nodes\\Open Coding original \\Emotion and change	82
Nodes\\Open Coding original \\Emotion negative	74
Nodes\\Open Coding original \\Impact of Change on Organisation	46
Nodes\\Open Coding original \\Impact of change on team	47
Nodes\\Open Coding original \\Impact of Change perceptions of change	83
Nodes\\Open Coding original \\Types of change	42

